


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90005 037 ****70.00

DOCUMENT # N10556			
1. Entity Name THE FLORIDA SOCIETY OF CERTIFIED PUBLIC MANAGERS, INC.			
Principal Place of Business HIGHWAY 67 SOUTH TELOGIA, FL 32360 US		Mailing Address PO BOX 36-HWY 67 SO. TELOGIA, FL 32360 US	
2. Principal Place of Business 3400 W. Commercial Blvd.		3. Mailing Address 3400 W. Commercial Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL.		City & State Ft. Lauderdale, FL.	
Zip 33309	Country	Zip 33309	Country
4. FEI Number 59-2848158		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOOD, TERESA M HIGHWAY 67 SOUTH AT WOOD PLACE TELOGIA, FL 32360		Name HESLOP DALEY Street Address (P.O. Box Number is Not Acceptable) 3400 COMMERCIAL BLVD. City Ft. Lauderdale FL Zip Code 33309	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBER, TED RT 4 BOX 2362 LAKE BUTLER, FL 32054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Chris Grasso 1101 E. FIRST STREET SANFORD, FL 32771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURBERVILLE, CLARK 1400 SW 32 STREET FT LAUDERDALE, FL 33315 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dotte Gough 6456 Needles Trail Tallahassee, FL 32309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCARTHY, JERRY 3400 W. COMMERCIAL BLVD FORT LAUDERDALE, FL 333093421 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOOD, TERESA M PO BOX 36-HWY 67 SO. TELOGIA, FL 32360 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Heslop Daley 3400 Commercial Blvd. Ft. Lauderdale, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <i>Heslop Daley</i>		2/11/04 954-777-4375	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	