

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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|---|--|---|--|--|--|---|--|
| DOCUMENT # N10556 1. Entity Name THE FLORIDA SOCIETY OF CERTIFIED PUBLIC MANAGERS, INC. | | | | | | <div style="text-align: center;"> FILED 05 MAY -2 AM 8:43 FLORIDA </div> | |
| Principal Place of Business 3400 W. COMMERCIAL BLVD FORT LAUDERDALE, FL 33309 US | | | | Mailing Address 3400 W. COMMERCIAL BLVD FORT LAUDERDALE, FL 33309 US | | | |
| 2. Principal Place of Business 5660 Old Hickory Lane Suite, Apt. #, etc. | | 3. Mailing Address 5660 Old Hickory Lane Suite, Apt. #, etc. | | | | | |
| City & State Tallahassee, Florida | | City & State Tallahassee, Florida | | 4. FEI Number 59-2848158 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip 32303-6728 | | Country US | | Zip 32303-6728 | | Country US | |
| 6. Name and Address of Current Registered Agent DALEY, HESLOP 3400 COMMERCIAL BLVD FORT LAUDERDALE, FL 33309 | | | | 7. Name and Address of New Registered Agent Name Lenard Franklin Street Address (P.O. Box Number is Not Acceptable) 5660 Old Hickory Lane City Tallahassee FL Zip Code 32303-6728 | | | |
| 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 Lenard Franklin, TD <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | 05-02-2005 <small>DATE</small> | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | | | 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 GRASSO, CHRIS 1101 E. FIRST STREET SANFORD, FL 32771 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 05/17/05--01032--015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition \$61.25 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP COUGH, DOTTIE 6456 NEEDLES TRAIL TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Goodwin, Karl F. 425 N. Orange Avenue, Suite 2110 Orlando, FL 32801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MCCARTHY, JERRY 3400 W. COMMERCIAL BLVD FORT LAUDERDALE, FL 333093421 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Wright, Jan 3727 Centerview Dr., Suite 302 Tallahassee, FL 32399 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DALEY, HESLOP 3400 COMMERCIAL BLVD FORT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Franklin, Lenard 5660 Old Hickory Lane Tallahassee, FL 32303 <input type="checkbox"/> Change <input checked="" 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: Lenard Franklin <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | 05-02-2005 850.891.8417 <small>Date Daytime Phone #</small> | |