

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90103 035 ****70.00

DOCUMENT # N10556 1. Entity Name THE FLORIDA SOCIETY OF CERTIFIED PUBLIC MANAGERS, INC.					
Principal Place of Business 5660 OLD HICKORY LANE TALLAHASSEE, FL 32303-6728 US				Mailing Address 5660 OLD HICKORY LANE TALLAHASSEE, FL 32303-6728 US	
2. Principal Place of Business 1101 E 1st St Suite, Apt. #, etc.		3. Mailing Address 1101 E 1st St Suite, Apt. #, etc.			
City & State Sanford FL		City & State Sanford FL		4. FEI Number 59-2848158	
Zip 32771		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANKLIN, LENARD 5660 OLD HICKORY LANE TALLAHASSEE, FL 32303-6728				7. Name and Address of New Registered Agent Name Kim Patterson Street Address (P.O. Box Number is Not Acceptable) 1101 E 1st St City Sanford FL Zip Code 32771	
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 Kim Patterson <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 2-27-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JERRY O'CARNEY 490 63rd St suite #150 Marathon FL 33050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOODWIN, KARL F 425 N. ORANGE AVENUE, SUITE 2110 ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JERRY McCarney 261 DE 38th St Apt D111 Oakland Park, FL 33334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, JAN 3727 CENTERVIEW DRIVE, SUITE 302 TALLAHASSEE, FL 32399	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kim Patterson 1101 E 1st St Sanford FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRANKLIN, LENARD 5660 OLD HICKORY LANE TALLAHASSEE, FL 323036728	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kim Patterson 1101 E 1st St Sanford FL 32771	<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 exemptions contained in Chapter 119, 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: Kim Patterson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2-27-06 Daytime Phone # 407-665-1100	