

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED
 95 FEB 13 PM 2:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortmann
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N23882 (6)
 1. Corporation Name
**INTERNATIONAL ASSOCIATION FOR FINANCIAL PLANNING
 , CENTRAL FLORIDA CHAPTER, INC.**

Principal Place of Business Mailing Address
 POST OFFICE BOX 875 ORLANDO FL 32802
 600 E. COLONIAL DRIVE SUITE 310 ORLANDO FL 32803 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 600 E. Colonial Drive 25 Suite, Apt. #, etc.
 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
 22 Suite 310 27
 City & State 28 City & State
 23 Orlando, Florida 28
 Zip 29 Country 30 Country
 24 32803 25 USA 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
 12/15/1987 03/22/1994
 4. FEI Number Applied For / Not Applicable
 59-2974080
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 BRADFORD, CARTER A.
 600 E. COLONIAL DRIVE
 SUITE 310
 ORLANDO FL 32803

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|----------------------------------|
| TITLE | TD |
| NAME | BRADFORD, CARTER A. |
| STREET ADDRESS | 600 E. COLONIAL DRIVE, SUITE 310 |
| CITY-ST-ZIP | ORLANDO FL |
| TITLE | PD |
| NAME | PARKE, JOHN R., III |
| STREET ADDRESS | 450 SPARTAN DR., #A |
| CITY-ST-ZIP | MAITLAND FL |
| TITLE | SD |
| NAME | STARKWEATHER, DAVID |
| STREET ADDRESS | 800 N. MAGNOLIA |
| CITY-ST-ZIP | ORLANDO FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | President and Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Clare Johnson |
| 1.3 STREET ADDRESS | 210 Crown Oak Centre |
| 1.4 CITY-ST-ZIP | Longwood, Florida 32750 |
| 2.1 TITLE | Secretary and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Michael T. Koenig |
| 2.3 STREET ADDRESS | 283 N. North Lake Blvd., Suite 111 |
| 2.4 CITY-ST-ZIP | Altamonte Springs, Florida 32701 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DATE: 1/25/95 (407) 246-0828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR