2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N48986

Entity Name: THE FLORIDA ASSOCIATION OF PROPERTY TAX PROFESSIONALS, INCORPORATED

Current Principal Place of Business:

200 E. LAS OLAS BLVD.
SUITE 1400
FT. LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

200 E. LAS OLAS BLVD.
SUITE 1400
FT. LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 59-3133029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, JEFFREY
200 E. LAS OLAS BLVD.
SUITE 1400
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	NELSON, JEFFREY	
Address:	200 E LAS OLAS BLVD STE 1400	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	TD	( ) Delete
Name:	NELSON, JEFFREY	
Address:	200 E. LAS OLAS BLVD. SUITE 1400	
City-St-Zip:	FT. LAUDERDALE, FL 33301 US	
Title:	D	( ) Delete
Name:	COLEMAN, WILLIAM	
Address:	111 N. ORANGE AVE. SUITE 1000	
City-St-Zip:	ORLANDO, FL 32801	
Title:	TD	( ) Delete
Name:	WEST, JACK	
Address:	905 W. PLATT ST	
City-St-Zip:	TAMPA, FL 33606	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY NELSON PD 04/27/2004
Electronic Signature of Signing Officer or Director — Date