

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744469

Entity Name: FLORIDA SOCIETY OF ENROLLED AGENTS, INC.**Current Principal Place of Business:**10570 S US HIGHWAY 1
STE 203
PORT ST. LUCIE, FL 34695**Current Mailing Address:**P O BOX 882084
PORT ST. LUCIE, FL 34988 US**FEI Number:** 59-1853783**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RHOADS, JULIA
29605 US 19N
SUITE 260
CLEARWATER, FL 34683 US*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:** JULIA RHOADS**01/24/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	GUILLEN, ANA M
Address	250 CATALONIA AVENUE SUITE 400
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	MIDWOOD, TWILA
Address	3819 MURRELL RD, STE E
City-State-Zip:	ROCKLEDGE FL 32955

Title	VP
Name	CARLISLE, MICHAEL
Address	204 N MACDILL AVENUE
City-State-Zip:	TAMPA FL 33609

Title	PRESIDENT
Name	SCHNEIDER, JEFFREY
Address	PO BOX 882084
City-State-Zip:	PORT ST. LUCIE FL 34988

Title	TREASURER
Name	RHOADS, JULIA M
Address	29605 US 19N SUITE 260
City-State-Zip:	CLEARWATER FL 34683

Title	SECRETARY
Name	RAULERSON, LUCY
Address	5780 11TH ST S
City-State-Zip:	ST PETERSBURG FL 33705

I hereby 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 all other like empowered.

SIGNATURE: JULIA RHOADS**TREASURER****01/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date