

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764714

Entity Name: SMPS FLORIDA CHAPTER, INC.**Current Principal Place of Business:**255 SOUTH ORANGE AVENUE
SUITE 1600
ORLANDO, FL 32801**Current Mailing Address:**P.O. BOX 1459
ORLANDO, FL 32802 US**FEI Number:** 59-2648921**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**EAVES, PATRICIA L
255 SOUTH ORANGE AVENUE
SUITE 1600
ORLANDO, FL 32801 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:** PATRICIA L EAVES**03/17/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HALL, CORINE
Address	2301 MAITLAND CENTER PARKWAY SUITE 250
City-State-Zip:	MAITLAND FL 32751
Title	TREASURER
Name	EAVES, PATRICIA L
Address	640 DOUGLAS AVE SUITE 1502
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	S
Name	PETERSEN, KAREN
Address	1912 BOOTH CIRCLE, SUITE 100
City-State-Zip:	LONGWOOD FL 32750
Title	VP
Name	BLEAKLEY, TARA
Address	255 SOUTH ORANGE AVENUE SUITE1600
City-State-Zip:	ORLANDO FL 32801-3463

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: PATRICIA L EAVES**TREASURER****03/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date