

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764714

**Entity Name:** SMPS FLORIDA CHAPTER, INC.**Current Principal Place of Business:**6557 HAZELTINE NATIONAL DRIVE  
SUITE ONE  
ORLANDO, FL 32822**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:**DUFFY, TAYLOR  
4700 MILLENIA BLVD, STE 350  
ORLANDO, FL 32839 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:** TAYLOR DUFFY

01/10/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	DAVIS, CARRIE
Address	6557 HAZELTINE NATIONAL DRIVE SUITE ONE
City-State-Zip:	ORLANDO FL 32822

Title	TREASURER
Name	DUFFY, TAYLOR
Address	4700 MILLENIA BLVD STE 350
City-State-Zip:	ORLANDO FL 32839

Title	ASST. TREASURER
Name	FRANKLIN, COURTNEY
Address	6557 HAZELTINE NATIONAL DRIVE SUITE ONE
City-State-Zip:	ORLANDO FL 32822

Title	SECRETARY
Name	PETERSEN, KAREN
Address	1912 BOOTH CIRCLE, SUITE 100
City-State-Zip:	LONGWOOD FL 32750

Title	VP
Name	BLEAKLEY, TARA
Address	255 S. ORANGE AVE SUITE 1600
City-State-Zip:	ORLANDO FL 32801

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:** TAYLOR DUFFY

TREASURER

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date