

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10556

Entity Name: THE FLORIDA SOCIETY OF CERTIFIED PUBLIC MANAGERS, INC.**FILED**
Mar 04, 2021
Secretary of State
5208548828CC**Current Principal Place of Business:**1004 DRY CREEK COURT
ST. JOHNS, FL 32259**Current Mailing Address:**1004 DRY CREEK COURT
ST. JOHNS, FL 32259 US**FEI Number: 59-2848158****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**FLORIDA SOCIETY OF CPMS
450 STATE ROAD 13 NORTH
106/PMB 144
SAINT JOHNS, FL 32359 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	DOLES, RUTHIE
Address	1752 TURNER STREET
City-State-Zip:	CLEARWATER FL 33756

Title	TREA
Name	THOMPSON, LLOYD
Address	1004 DRY CREEK COURT
City-State-Zip:	ST. JOHN'S FL 32259

Title	S
Name	SCROGGINS, DAWN
Address	1700 MONROE ST ROOM 3132
City-State-Zip:	FORT MYERS FL 33901

Title	TREASURER
Name	BRISLIN, CINDY
Address	9608 BIRNAMWOOD STREET
City-State-Zip:	RIVERVIEW FL 33569

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: LLOYD THOMPSON**TREASURER****03/04/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date