

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10556

Entity Name: THE FLORIDA SOCIETY OF CERTIFIED PUBLIC MANAGERS, INC.**FILED**
Mar 02, 2014
Secretary of State
CC4600820791**Current Principal Place of Business:**6972 AZUSA
TALLAHASSEE, FL 32317**Current Mailing Address:**6972 AZUSA
TALLAHASSEE, FL 32317 US**FEI Number: 59-2848158****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FLORIDA SOCIETY OF CPMS
37451 HICKORY HILL LN
DADE CITY, FL 33525 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	PRES
Name	HARTLEY, SABRINA
Address	6972 AZUSA
City-State-Zip:	TALLAHASSEE FL 32317

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

Title	SEC
Name	RODRIGUES, NADIR
Address	3400 W. COMMERCIAL BLVD.
City-State-Zip:	FT.LAUDERDALE FL 33309

Title	TREA
Name	LEVITT, JOHN
Address	37451 HICKORY HILL LN
City-State-Zip:	DADE CITY FL 33525

Title	PREV
Name	SCOTT, COLLEEN J
Address	577 LAKEWOOD DRIVE
City-State-Zip:	OLDSMAR FL 34677

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: JOHN LEVITT**TREASURER****03/02/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date