

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37304

**Entity Name:** FINANCIAL SERVICE CENTERS OF FLORIDA, INC.

**Current Principal Place of Business:**

335 BEARD STREET  
TALLAHASSEE, FL 32303-6227

**Current Mailing Address:**

PO BOX 14629  
TALLAHASSEE, FL 32317-4629 US

**FEI Number:** 65-0180982

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SKROB, ROBERT  
335 BEARD STREET  
TALLAHASSEE, FL 32303-6227 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 C  
Name DOYLE, JOSEPH M  
Address 899 NW 37TH AVE  
City-State-Zip: MIAMI FL 33125

Title VP  
Name MACKECHNIE, FRASER  
Address 600 NORTH WESTSHORE BLVD, STE  
1200  
City-State-Zip: TAMPA FL 33609

Title T  
Name MACKECHNIE, IAN  
Address 600 NORTH WESTSHORE BLVD, STE  
1200  
City-State-Zip: TAMPA FL 33609

Title VP  
Name NORRINGTON, ERIC  
Address 1231 GREENWAY DRIVE #800  
City-State-Zip: IRVING TX 75038

*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: JOSEPH DOYLE**

**CHAIRMAN**

**04/02/2013**

Electronic Signature of Signing Officer/Director Detail

Date