


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90062 001 \*\*\*\*61.25

<b>DOCUMENT # 706626</b> 1. Entity Name <b>FLORIDA SOCIETY OF ACCOUNTING AND TAX PROFESSIONALS, INC.</b>					
Principal Place of Business <b>P.O. BOX 90034 LAKELAND FL 33804-0034</b>			Mailing Address <b>P.O. BOX 90034 LAKELAND FL 33804-0034</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-0863542</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HUISINGA, R J 541 PERMENTO AVE JACKSONVILLE FL 32220</b>			Name <b>Ruth E Booth</b> Street Address (P.O. Box Number is Not Acceptable) <b>5214 US HWY 98 N</b> City <b>Lake land</b> FL Zip Code <b>33809</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <b>Ruth E. Booth</b>		Administrative Agent		DATE <b>2-17-04</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RANCOURT, MICHAEL J		NAME		
STREET ADDRESS	P.O. BOX 90034		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33804-0034		CITY-ST-ZIP		
TITLE	1VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBS, ROGER H		NAME		
STREET ADDRESS	P.O. BOX 90034		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33804-0034		CITY-ST-ZIP		
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPEIR, EDWARD E		NAME		
STREET ADDRESS	P.O. BOX 90034		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33804-0034		CITY-ST-ZIP		
TITLE	1	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLETCHER, J. WILLIAM		NAME		
STREET ADDRESS	P.O. BOX 90034		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33804-0034		CITY-ST-ZIP		
TITLE	AAD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOOTH, RUTH E		NAME		
STREET ADDRESS	PO BOX 90034		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33804-0034		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COCHRAN, MARCIA J		NAME		
STREET ADDRESS	P.O. BOX 90034		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33804-0034		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Ruth E. Booth</b>		RUTH E. BOOTH		2-17-04 863-853-3317	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	