


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 706626</b> 1. Entity Name FLORIDA SOCIETY OF ACCOUNTING AND TAX PROFESSIONALS, INC.		
Principal Place of Business P.O. BOX 90034 LAKELAND, FL 33804-0034	Mailing Address P.O. BOX 90034 LAKELAND, FL 33804-0034	



04262006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0863542	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BOOTH, RUTH E  
5214 US HWY 98 N.  
LAKELAND, FL 33809

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	S	
NAME	CRABB, RUTH C	
STREET ADDRESS	5006 TROUBLE CREEK RD. #128	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	P	
NAME	WINEBRENNER, JACK	
STREET ADDRESS	3773 CENTRAL AVENUE #C	
CITY-ST-ZIP	ST. PETERSBURG, FL 33713	
TITLE	V	
NAME	SPEIR, EDWARD E	
STREET ADDRESS	1545 BLANDING BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	T	
NAME	FISCHER, LAWRENCE A	
STREET ADDRESS	PO BOX 20607	
CITY-ST-ZIP	ST. PETERSBURG, FL 337420607	
TITLE	V	
NAME	COCHRAN, MARCIA J	
STREET ADDRESS	7311 LITTLE ROAD	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE	AA	
NAME	BOOTH, RUTH E	
STREET ADDRESS	5214 US HWY 98 N	
CITY-ST-ZIP	LAKELAND, FL 33809	

000000550407  
05/13/06-80058-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ruth E. Booth RUTH E. BOOTH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06

Date

863-853-3917

Daytime Phone #