

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90017 001 ****61.25

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DOCUMENT # 706626 1. Entity Name FLORIDA SOCIETY OF ACCOUNTING AND TAX PROFESSIONALS, INC.					
Principal Place of Business P.O. BOX 90034 LAKE LAND, FL 33804-0034			Mailing Address P.O. BOX 90034 LAKE LAND, FL 33804-0034		
2. Principal Place of Business - No P.O. Box # 7311 Little Road Suite, Apt. #, etc.		3. Mailing Address PO Box 156 Suite, Apt. #, etc.			
City & State New Port Richey FL		City & State New Port Richey FL		4. FEI Number 59-0863542	
Zip 34654		Country Pasco		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOOTH, RUTH E 5214 US HWY 98 N. LAKE LAND, FL 33809			7. Name and Address of New Registered Agent Name Marcia J. Cochran Street Address (P.O. Box Number is Not Acceptable) 7311 Little Road City New Port Richey FL Zip Code 34654		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Marcia J. Cochran <small>(NOTE: Registered Agent signature required when reinstating)</small>		2-20-07 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VANCE, TIMOTHY L 2650 TAMPA RD., UTE B PALM HARBOR, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUARDINO, LEONARDO J 11690 LEE CT. BONITA SPRINGS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPEIR, EDWARD E 1545 BLANDING BLVD. JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISCHER, LAWRENCE A PO BOX 20607 ST. PETERSBURG, FL 337420607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AA COCHRAN, MARCIA J 7311 LITTLE ROAD NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUCLAS, REYNOLD 701 PROMENADE DR., STE. 210 PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete			
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:		Marcia J. Cochran		2-20-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	