


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 A
Secretary of State

| | | |
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| DOCUMENT # 706626 | |  |
| 1. Entity Name FLORIDA SOCIETY OF ACCOUNTING AND TAX PROFESSIONALS, INC. | | |
| Principal Place of Business 7311 LITTLE RD. NEW PORT RICHEY, FL 34654 | Mailing Address PO BOX 156 NEW PORT RICHEY, FL 34656 | |



01052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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|---|-------------------------------|
| 4. FEI Number 59-0863542 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

COCHARAN, MARICA J
7311 LITTLE ROAD
NEW PORT RICHEY, FL 34654

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FISCHER, LAWRENCE A P.O. BOX 20607 ST. PETERSBURG, FL 33742 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1VP VANCE, TIMOTHY L 2650 TAMPA ROAD, UNIT B PALM HARBOR, FL 34684 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VP GUARDINO, LEONARD J 11690 LEE COURT BONITA SPRINGS, FL 34135 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WALTERS, LINDA L 16377 CARLIN LANE SPRING HILL, FL 34610 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S TREMBLAY, BARBARA N 427 NE 3RD STREET, STE A CRYSTAL RIVER, FL 34429 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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02/07/08-80065-002-61-25

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* **Marcia J. Cochran** **1-24-08** **1-800-342-0051**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #