NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State
05-13-1999 90006 002 ****61.25

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Corporation Name

~~CENTRAL FLORIDA CHAPTER OF CLU & CHFC CORPORATIO~~

Central Florida Society of Financial Service Professionals, Inc.

Principal Place of Business / Mailing Address

853 SEMORAN BLVD, Ste 133
CASSELBERRY, FL 32707
(same)

Date Incorporated or Qualified: 09/01/1964

FEI Number: 59-1749329 — Applied For / Not Applicable

21 Principal Place of Business: 853 SEMORAN Blvd	26 Mailing Address: 853 Semoran Blvd.
22 Suite, Apt. #, etc.: Ste 133	27 Suite, Apt. #, etc.: Ste 133
23 City & State: CASSELBERRY FL	28 City & State: CASSELBERRY FL
24 Zip: 32707 / 25 Country:	29 Zip: 32707 / 30 Country:

Certificate of Status Desired ☐ — $8.75 Additional Fee Required

Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

Name and Address of Current Registered Agent

EARL R. ADAMS
853 SEMORAN BLVD, Ste 133
CASSELBERRY, FL 32707

Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: CASSELBERRY FL 85 Zip Code: 32707

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am of, Section 617.0503, Florida Statutes.

SIGNATURE: Earl R. Adams — Earl R. Adams, Chapter Executive — 4/29/99

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

TITLE	PD ☐ DELETE	1.1 TITLE	Chapt. Exec. ☒ Change ☐ Additio
NAME	ADAMS, EARL	1.2 NAME	
STREET ADDRESS	853 Semoran Blvd, Ste 135	1.3 STREET ADDRESS	853 Semoran Blvd, Ste 135
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	2.1 TITLE	D ☒ Change ☐ Additio
NAME	DAYHOFF, SCOTT	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	853 Semoran Blvd, Ste 133
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP	
TITLE	PE ☐ DELETE	3.1 TITLE	P ☒ Change ☐ Additio
NAME	ALLBEE, RONALD	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	853 Semoran Blvd., Ste 135
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP	
TITLE	PE ☐ DELETE	4.1 TITLE	☐ Change ☐ Additio
NAME	Richard Patterson	4.2 NAME	
STREET ADDRESS	853 Semoran Blvd 133	4.3 STREET ADDRESS	
CITY-ST-ZIP	Casselberry FL 32707	4.4 CITY-ST-ZIP	
TITLE	S/T D ☐ DELETE	5.1 TITLE	☐ Change ☐ Additio
NAME	Wade Nystrom	5.2 NAME	
STREET ADDRESS	853 Semoran Blvd, Ste 135	5.3 STREET ADDRESS	
CITY-ST-ZIP	Casselberry, FL 32707	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Additio
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 annual report or supplemental annual 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 12 or Block 13 if [illegible]

Earl R. Adams — 4-29-99 — 407 767 0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0013099