

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713308

FILED
Mar 31, 2004
Secretary of State**Entity Name:** SOCIETY OF FINANCIAL SERVICE PROFESSIONALS, MIAMI CHAPTER, INC.**Current Principal Place of Business:**8930 STATE RD 84
PMB 316
DAVIE, FL 33324**New Principal Place of Business:**8930 STATE RD 84
NO. 316
DAVIE, FL 33324**Current Mailing Address:**8930 STATE RD 84
PMB 316
DAVIE, FL 33324**New Mailing Address:**8930 STATE RD 84
NO. 316
DAVIE, FL 33324**FEI Number:** 23-7227037**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WOLONICK, LINDA M
9662 RIDGECREST COURT
DAVIE, FL 33328**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOLFE, CHRISTOPHER A
Address: 2001 ALHAMBRA CIRCLE, #501
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD () Delete
Name: MARTINEZ-FONTS, JORGE
Address: P.O. BOX 143136
City-St-Zip: CORAL GABLES, FL 33114

Title: 2VPD () Delete
Name: MARSENSILL, MICHAEL C JR
Address: 3701 S BAYSHORE DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: IPP (X) Change () Addition
Name: WOLFE, CHRISTOPHER A
Address: 7840 S.W. 86 STREET, NO. 21
City-St-Zip: MIAMI, FL 33143

Title: P (X) Change () Addition
Name: MARTINEZ-FONTS, JORGE
Address: 2000 PONCE DE LEON BOULEVARD, NO. 627
City-St-Zip: CORAL GABLES, FL 33134

Title: 2VPD (X) Change () Addition
Name: MARSENGILL, MICHAEL C JR
Address: 1900 GLADES ROAD, SUITE 307
City-St-Zip: BOCA RATON, FL 33431

Title: ED () Change (X) Addition
Name: WOLONICK, LINDA M
Address: 8930 STATE ROAD 84, NO. 316
City-St-Zip: DAVIE, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA M. WOLONICK

ED

03/31/2004

Electronic Signature of Signing Officer or Director

Date