2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713308

FILED Mar 02, 2007 Secretary of State

Entity Name: SOCIETY OF FINANCIAL SERVICE PROFESSIONALS, MIAMI CHAPTER, INC.

Current Principal Place of Business: New Principal Place of Business: 8930 STATE RD 84 NO. 316 DAVIE, FL 33324 **Current Mailing Address: 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: Name and Address of New Registered Agent: WOLONICK, LINDA M 9662 RIDGÉCREST COURT DAVIE, FL 33328 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CONNER, GREGORY H CONNER, GREGORY H Name: Name: 999 BRICKELL AVENUE, SUITE 401 Address: 999 BRICKELL AVENUE, SUITE 401 Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131 Title: Title: (X) Change () Addition () Delete PETERSON, VALERIE L Name: PETERSON, VALERIE L Name: Address: 1550 NE MIAMI GARDENS DRIVE, SUITE 507 Address: 1550 NE MIAMI GARDENS DRIVE, SUITE 507 City-St-Zip: NORTH MIAMI BEACH, FL 33179 City-St-Zip: NORTH MIAMI BEACH, FL 33179 Title: () Delete Title: (X) Change () Addition MARSENGILL, MICHAEL C JR MARSENGILL, MICHAEL C JR Name: Name: 1900 GLADES ROAD, SUITE 307 1900 GLADES ROAD, SUITE 307 Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: BOCA RATON, FL 33431 ED () Delete WOLONICK, LINDA M Title: Title: () Change () Addition Name: Name: 8930 STATE ROAD 84, NO. 316 Address: Address: City-St-Zip: **DAVIE, FL 33324** City-St-Zip: Title: () Delete Title: () Change () Addition CURRAN, JOHN Name: Name: 10651 N.W. 20 STREET Address: Address: City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: Title: () Delete Title: () Change (X) Addition BARNARD, JOSHUA H Name: Name: Address: Address: 999 BRICKELL AVE., STE. 401 MIAMI, FL 33131 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 03/02/2007