

DOCUMENT # 713325

1. Entity Name

FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANT

Principal Place of Business

Mailing Address

325 W COLLEGE AVE
P.O. BOX 5437
TALLAHASSEE FL 32301
US325 W COLLEGE AVE
P.O. BOX 5437
TALLAHASSEE FL 32314-5437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6152454

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURMAN, LLOYD A.
325 W COLLEGE AVE
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DENNISON, FAYETTE**
CITY-ST-ZIP **4300 BAYOU BLVD, S-21**
PENSACOLA FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **SHIERLING, GEORGE E**
CITY-ST-ZIP **228 W NEW YORK AVE**
DELAND FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **O'KEEFE, DANIEL J**
CITY-ST-ZIP **315 E. ROBINSON ST., SUITE 690**
ORLANDO FL 32802TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1870 Aloma Ave., Ste. 120**
CITY-ST-ZIP **Winter Park FL 32189-4050**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TORRES, THOMAS**
CITY-ST-ZIP **1800 ATLANTIC BLVD.**
JACKSONVILLE FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **P**
STREET ADDRESS **LIST, EDDIE H**
CITY-ST-ZIP **815 BEACHLAND BLVD**
VERO BCH FL 32963TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **ST**
STREET ADDRESS **TURMAN, LLOYD A.**
CITY-ST-ZIP **325 W. COLLEGE AVENUE**
TALLAHASSEE FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90020 003 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

113325

Attachment:
0048398

Florida Institute of Certified Public Accountants
Educational Foundation, Inc.
Nonprofit Corporation Annual Report 2000
59-6152454
Line 11, Attachment

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