2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006
Secretary of State

DOCUMENT# 713325

Entity Name: FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS' EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

325 W COLLEGE AVE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

325 W COLLEGE AVE
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-6152454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDERSON, KATHRYN B
325 W COLLEGE AVE
TALLAHASSEE, FL 32301 US

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: P ( ) Delete
Name: GALLAGHER, PATRICK L
Address: 1801 GLENGARY ST. 2ND FLOOR
City-St-Zip: SARASOTA, FL 34231 US

Title: D ( ) Delete
Name: SHIERLING, GEORGE E
Address: 228 W NEW YORK AVE
City-St-Zip: DELAND, FL 32720 US

Title: D ( ) Delete
Name: ADAMS, JOHN A
Address: 1665 KINGSLEY AVE, SUITE 100
City-St-Zip: ORANGE PARK, FL 32073 US

Title: D ( ) Delete
Name: TORRES, THOMAS
Address: 1800 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: S/T ( ) Delete
Name: ANDERSON, KATHRYN B
Address: 325 W. COLLEGE AVENUE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: V ( ) Delete
Name: DENNIS, DAVID L
Address: 111 N ORANGE AVE, STE 1600
City-St-Zip: ORLANDO, FL 32802 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HERSCHBEIN, IRA M
Address: 7777 GLADES ROAD, SUITE 209
City-St-Zip: BOCA RATON, FL 33434

Title: EP (X) Change ( ) Addition
Name: THOMAS, MARIA A
Address: 215 CELEBRATION PL, SUITE 170
City-St-Zip: CELEBRATION, FL 34747 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: KATHRYN B. ANDERSON S/T 07/11/2006
Electronic Signature of Signing Officer or Director — Date