2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2011
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 ( )**

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: PE
Name: BLOOM, MICHAEL I
Address: 2424 N FEDERAL HWY STE 459
City-St-Zip: BOCA RATON, FL 33431 US

Title: P
Name: GREENE, JEFFREY H
Address: 128 LAUREL ROAD
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: VP
Name: MARGOLIS, GARY J
Address: 7369 SHERIDAN STREET SUITE 201
City-St-Zip: HOLLYWOOD, FL 33024 US

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

Title: VP
Name: BARTH, NANCY C
Address: 1417 E CONCORD STREET
City-St-Zip: ORLANDO, FL 32803

I hereby 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 all other like empowered.

SIGNATURE: KATHRYN B. ANDERSON S/T 02/21/2011

Electronic Signature of Signing Officer or Director Date