

DOCUMENT # 714232

1. Entity Name

SOCIETY OF FINANCIAL SERVICE PROFESSIONALS, NORT

Principal Place of Business

Mailing Address

211 WILLIAMSBURG DR.
GULF BREEZE FL 32561

211 WILLIAMSBURG DR.
GULF BREEZE FL 32561

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

59-1386327

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

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME TRAIL, LARRY
STREET ADDRESS 3101 W. MICHIGAN AVE.
CITY-ST-ZIP PENSACOLA FL 32526

TITLE VD ☐ Delete
NAME JORDAN, DONNA
STREET ADDRESS 44 HIGHPOINT DR
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE SD ☐ Delete
NAME SILVER, JOHN (JACK)
STREET ADDRESS 8609 N. PENSACOLA BLVD.
CITY-ST-ZIP PENSACOLA FL 32534

TITLE TD ☐ Delete
NAME OVERTON, JAMES R.
STREET ADDRESS 211 WILLIAMSBURG DR.
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE D ☐ Delete
NAME REIN, HOWARD JR
STREET ADDRESS 2101 E CROSS
CITY-ST-ZIP PENSACOLA FL 32503

TITLE D ☐ Delete
NAME O'SHEILDS, MARCUS B
STREET ADDRESS 3712 POMPANO DR
CITY-ST-ZIP GULF BREEZE FL 32514

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Change ☒ Addition
NAME VAUGHN, THOMAS
STREET ADDRESS 4300 DAYOU BLVD #23
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

JAMES R OVERTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-2001 (850) 469-8988

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90002 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)