2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 714232

Entity Name: SOCIETY OF FINANCIAL SERVICE PROFESSIONALS, NORTHWEST FLORIDA CHAPTER, INC

Current Principal Place of Business:

211 WILLIAMSBURG DR.
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

211 WILLIAMSBURG DR.
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 59-1386327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OVERTON, JAMES R.
211 WILLIAMSBURG DR.
GULF BREEZE, FL 32561 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: D ( ) Delete
Name: VAUGHN, THOMAS
Address: 4300 BAYOU BLVD 23
City-St-Zip: PENSACOLA, FL 32504

Title: VD ( ) Delete
Name: SILVER, JOHN (JACK)
Address: 8609 N. PENSACOLA BLVD.
City-St-Zip: PENSACOLA, FL 32534

Title: TD ( ) Delete
Name: OVERTON, JAMES R.,
Address: 211 WILLIAMSBURG DR.
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete
Name: REIN, HOWARD JR
Address: 2101 E CROSS
City-St-Zip: PENSACOLA, FL 32503

Title: PD ( ) Delete
Name: BERLING, TERRANCE L
Address: 4300 BAYOU BLVD 23
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: SILER, JOHN (JACK)
Address: 8609 N. PENSACOLA BLVD.
City-St-Zip: PENSACOLA, FL 32534

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 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: JAMES R OVERTON TD 01/06/2009

Electronic Signature of Signing Officer or Director — Date