FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:16

DOCUMENT # 720906 (7)

1. Corporation Name

THE FINANCIAL ANALYSTS SOCIETY OF CENTRAL FLORID A, INC.

Principal Place of Business	Mailing Address
P O BOX 4097 SARASOTA FL 34230-097 US	P O BOX 4097 SARASOTA FL 34230-097 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1971	3a. Date of Last Report: 05/19/1994
4. FEI Number: 59-6592262	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GERRITY, RICHARD J. 1515 RINGLING BLVD SARASOTA FL 34230	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	GERRITY, RICHARD J.	1.2 NAME		
STREET ADDRESS	1515 RINGLING BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D	☐ Change ☐ Addition
NAME	~~MORRISON, LOWE G.~~	2.2 NAME	G. Lowe Morrison	
STREET ADDRESS	1515 RINGLING BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	HOLLIDAY, JEANNIE L.	3.2 NAME		
STREET ADDRESS	5404 CYPRESS CENTER DR #300	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, PAUL M	4.2 NAME		
STREET ADDRESS	101 E. KENNEDY	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	~~JOHANNSON, PARLA C.~~	5.2 NAME	Paula S. Johannsen	
STREET ADDRESS	601 BAYSHORE BLVD STE 820	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	LANE, BARBARA I	6.2 NAME		
STREET ADDRESS	240 S PINEAPPLE	6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara I Lane 1/19/95 813-951-3465
MANUALLY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Treasurer

0063109