


FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 PO BOX 1136 TAMPA FL 33601  
US



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

3. Date Incorporated or Qualified	05/10/1971
4. FEI Number	59-6592262
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**HOLLIDAY, JEANNE  
% INVEST FINANCIAL CORP  
2701 N ROCKY POINT DR 7TH FL  
TAMPA FL 33607**

10. Name and Address of New Registered Agent
81 Name <b>Jack S Radar</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>17822 Eagle Trace</b>
83
84 City <b>Tampa</b> FL 85 Zip Code <b>33647</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Jack S Radar 1/20/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	RADAR, JACK S
STREET ADDRESS	4202 FOWLER AVE USF COBA
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BRYAN, ALICIA L
STREET ADDRESS	2451 N MCMULLEN BOOTH RD
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HOLLIDAY, JEANNIE L
STREET ADDRESS	2701 NORTH ROCKY POINT DRIVE 7TH FLOOR
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	YOUNG, JAMES M
STREET ADDRESS	101 THIRD AVE W
CITY-ST-ZIP	BRADENTON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHANNSEN, PAULA S
STREET ADDRESS	1000 NORTH ASHLEY DRIVE STE. 517
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LANE, BARBARA I
STREET ADDRESS	100 2ND AVENUE SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: Jack S Radar 1/20/98 813-974-2084

CR2E037 (10/97)