2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED May 01, 2009 **DOCUMENT#724130** Secretary of State

Entity Name: FLORIDA SECURITIES DEALERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 704 FOREST LAIR TALLAHASSEE, FL 32312 **Current Mailing Address: New Mailing Address:** PO BOX 12092 TALLAHASSEE, FL 323172092 FEI Number: 59-2467227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FREDERICK, III, CPA, FREDERICK 2640-A MITCHAM DRIVE TALLAHASSEE, FL 32308 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **EXDR** () Delete () Change () Addition COOK, O'BANNON M Name: Name: 704 FOREST LAIR Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 US City-St-Zip: Title: Title: () Change (X) Addition () Delete Name: Name: CERRUTO, KENNETH Address: Address: 1200 EAST LAS OLAS BOULEVARD, SUITE 300 City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33301 US Title: () Delete Title: () Change (X) Addition STRUMLAUF, LANE Name: Name: 5100 TOWN CENTER CIRCLE, 6TH FLOOR Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33486 US Title: () Delete Title: TD () Change (X) Addition Name: Name: KRAUS, DANIEL 2255 GLADES ROAD, SUITE 120-A Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33431 US Title: () Delete Title: () Change (X) Addition KING, PETER Name: Name: 501 E. KENNEDY BOULEVARD, SUITE 1700 Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33602 US Title: () Delete Title: () Change (X) Addition HIRSCH, ANDREW Name: Name: Address: Address: 401 E. JACKSON STREET, SUITE 2900 TAMPA, FL 33602 US City-St-Zip: 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: O'BANNON M. COOK **EXDR** 05/01/2009