## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#735420** 

FILED May 02, 2007 Secretary of State

Entity Name: SOCIETY OF FINANCIAL SERVICE PROFESSIONALS, PALM BEACH COUNTY CHAPTER, INC.

Current Principal Place of Business: New Principal Place of Business:

1217 LAKE GENEVA DR. LAKE WORTH, FL 334616043 US

Current Mailing Address: New Mailing Address:

P. O. BOX 151 LAKE WORTH, FL 334600151 US

FEI Number: 59-2346491 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIXON, DANIEL I CFP CLU

511 NW 50TH PLACE

BOCA RATON, FL 33431 US

HANES, DARLENE M CLU CHF

5681 NORTHPOINTE LANE

BOYNTON BEACH, FL 33437 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: DARLENE M HANES 05/02/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: IPP ( ) Delete Title: IPP (X) Change ( ) Addition Name: MCTAGUE, JOEL JD CHFC Name: DIXON, DANIEL CLU CFP

 Address:
 7805 SW 6TH CT
 Address:
 511 NW 50TH PLACE

 City-St-Zip:
 PLANTATION, FL 33324
 City-St-Zip:
 BOCA RATON, FL 33431

Title: () Delete Title: (X) Change ( ) Addition DIXON, DANIEL I CFP CLU Name: HANES, DARLENE M CLU CHF Name: Address: 511 NW 50TH PLACE Address: 5681 NORTHPOINTE LANE City-St-Zip: BOCA RATON, FL 33401 City-St-Zip: BOYNTON BEACH, FL 33437

 $\label{eq:title: VD (X) Change () Addition} {\it Title:} \qquad {\it VD (X) Change () Addition}$ 

Name: BRYSH, WALTER CPA Name: STEIGER, BRUCE CLU

Address: 21301 POWERLINE ROAD Address: 2500 NORTH MILITARY TRAIL, STE 300

City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33431

 $\label{eq:title:SEC} {\sf Title:} \qquad {\sf SEC} \qquad (\ ) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf ST} \qquad ({\sf X}) \ {\sf Change} \ (\ ) \ {\sf Addition}$ 

Name: HANES, DARLENE M CLU CHF Name: STEIN, HARVEY CLU CHF
Address: 5681 NORTH POINTE LANE Address: 7000 WEST PALMETTO PARK RD, STE 300

City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: BOCA RATON, FL 33433

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Name:HANES, DARLENE M CLU CHFName:NEWMAN, STEPHEN JDAddress:5681 NORTH POINTE LANEAddress:7121 FAIRWAY DRIVE SUITE 203

City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DIR () Delete Title: () Change () Addition
Name: DI LORENZO, TERESA CHFC Name:
Address: 601 NORTH CONGRESS AVE

 Name:
 DI LORENZO, TERESA CHFC
 Name:

 Address:
 601 NORTH CONGRESS AVE
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33445
 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: DARLENE M HANES PD 05/02/2007