2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# 740321

Entity Name: FLORIDA CPA POLITICAL ACTION COMMITTEE,INC.

Current Principal Place of Business:

325 WEST COLLEGE AVENUE
P.O. BOX 5437
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

325 WEST COLLEGE AVENUE
P.O. BOX 5437
TALLAHASSEE, FL 32314 US

New Mailing Address:

325 WEST COLLEGE AVENUE
P.O. BOX 5437
TALLAHASSEE, FL 32301 US

FEI Number: 59-1807799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURMAN, LLOYD A
325 WEST COLLEGE AVENUE
TALLAHASSEE, FL 32301 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: P ( ) Delete
Name: SHUMACKER, CECIL
Address: 911 NORTH BLVD., W.
City-St-Zip: LEESBURG, FL 347485054 US

Title: STD ( ) Delete
Name: TURMAN, LLOYD A
Address: 325 W. COLLEGE AVENUE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D ( ) Delete
Name: EPSTEIN, JOSEPH A
Address: 500 E BROWARD BLVD SUITE 1000
City-St-Zip: FT. LAUDERDALE, FL 33394

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: EPSTEIN, JOSEPH A
Address: 515 E. LAS OLAS BLVD. 15TH FLOOR
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LLOYD A. TURMAN STD 04/30/2004

Electronic Signature of Signing Officer or Director — Date