

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 20, 2007  
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:**

325 WEST COLLEGE AVENUE  
TALLAHASSEE, FL 32301 US

**Current Mailing Address:**

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

**New Mailing Address:**

325 WEST COLLEGE AVENUE  
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:**

ANDERSON, KATHRYN B  
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: ANDERSON, ANDERSON B  
Address: 325 W. COLLEGE AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301 US

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SHUMACKER, CECIL  
Address: 911 NORTH BLVD., W.  
City-St-Zip: LEESBURG, FL 34748 US

Title: D (X) Change ( ) Addition  
Name: EPSTEIN, JOSEPH A  
Address: 100 NE 3RD AVENUE, SUITE300  
City-St-Zip: FT. LAUDERDALE, FL 33301 US

Title: DST (X) Change ( ) Addition  
Name: ANDERSON, KATHRYN B  
Address: 325 W. COLLEGE AVE  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHRYN ANDERSON

D

04/20/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date