



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90084 045 \*\*\*\*61.25

<b>DOCUMENT # 740804</b>					
<b>1. Entity Name</b> <b>THE SOCIETY OF FINANCIAL SERVICE PROFESSIONALS, INC., BROWARD CHAPTER</b>					
<b>Principal Place of Business</b> 5309 W. BROWARD BLVD., #320 PLANTATION, FL 33317 US			<b>Mailing Address</b> 5309 W. BROWARD BLVD., #320 PLANTATION, FL 33317 US		
<b>2. Principal Place of Business</b> 8930 STR RD 84 #316		<b>3. Mailing Address</b> 8930 ST RD 84 #316			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162005 Chg-NP CR2E037 (10/03)	
<b>City &amp; State</b> DAVIDE FL		<b>City &amp; State</b> DAVIDE FL		<b>4. FEI Number</b> 59-1781622	
<b>Zip</b> 33324		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KAHN, CORINNE 2600 N MILITARY TRAIL BOCA RATON, FL 33431				<b>7. Name and Address of New Registered Agent</b> Name: LINDA M. WOLONICK Street Address (P.O. Box Number is Not Acceptable): 8930 STR RD 84 #316 City: DAVIDE FL Zip Code: 33324	
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: LINDA M. WOLONICK Linda M. Wolonick 2-23-05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> D <b>NAME</b> ROBERTS, KAREN <b>STREET ADDRESS</b> 800 FAIRWAYS DR #370 <b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> HANSEN, ROD <b>STREET ADDRESS</b> 23875 EXECUTIVE CNTR. DR. #260 <b>CITY-ST-ZIP</b> BOCA RATON, FL 33431	<input type="checkbox"/> Delete				
<b>TITLE</b> P <b>NAME</b> MILLER, HOWARD <b>STREET ADDRESS</b> 5129 NE 66 LANE <b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33067	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> ZALIS, CHUCK <b>STREET ADDRESS</b> 3603 BRIDGE RD. <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33026	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> VP <b>NAME</b> AUSTIN, RICK <b>STREET ADDRESS</b> 10091 SW 1 CT <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE: Howard Miller PRES Date: 2/23/05 Phone: 561-707-8605