2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#740804

FILED Mar 02, 2007 Secretary of State

Entity Name: THE SOCIETY OF FINANCIAL SERVICE PROFESSIONALS, INC., BROWARD CHAPTER

Current Principal Place of Business: New Principal Place of Business: 8930 SR 84 #316 **DAVIE, FL 33324** US **Current Mailing Address: New Mailing Address:** 8930 SR 84 #316 DAVIE, FL 33324 US FEI Number: 59-1781622 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: WOLONICK, LINDA M 8930 SR 84 #316 DAVIE, FL 33324 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: () Delete (X) Change () Addition HANSEN, ROD VINCENT, LUONGO Name: Name: 23875 EXECUTIVE CNTR. DR. #260 Address: 2131 HOLLYWOOD BLVD., STE. 207 Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: HOLLYWOOD, FL 33020 Title: Title: (X) Change () Addition () Delete MILLER, HOWARD Name: BLAKEMORE, EDWIN Name: Address: 5129 NE 66 LANE Address: 18603 SOUTH DIXIE HIGHWAY, STE 201 City-St-Zip: POMPANO BEACH, FL 33067 City-St-Zip: MIAMI, FL 33143 Title: () Delete Title: () Change () Addition WOLONICK, LINDA Name: Name: 8930 STATE ROAD 84, NO. 316 Address: Address: City-St-Zip: **DAVIE. FL 33324** City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: SCHWEIGER, C. GREGORY 2101 WEST COMMERICAL BLVD., STE. 5100 Address: Address: City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33309 Title: () Delete Title: PD () Change (X) Addition FUERST, DAVID Name: Name: 5900 NORTH ANDREWS AVE., STE. 908 Address: Address: FORT LAUDERDALE, FL 33309 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition CAREW, JULIANA Name: Name: Address: Address: 800 FAIRWAY DRIVE, STE. 370 DEERFIELD BEACH, FL 33441 City-St-Zip: City-St-Zip:

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: LINDA M. WOLONICK ED 03/02/2007