2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000995

FILED Mar 02, 2005 Secretary of State

Entity Name: THE FINANCIAL PLANNING ASSOCIATION OF BROWARD, INC.

Current Principal Place of Business: New Principal Place of Business: 8930 STATE ROAD 84, NO. 316 **DAVIE, FL 33324 Current Mailing Address: New Mailing Address:** 8930 STATE ROAD 84, NO. 316 DAVIE, FL 33324 FEI Number: 59-2326303 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 9662 RIDGÉCREST COURT DAVIE, FL 33328 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 POMERANZ, STEVEN L SHEIN, JAY Name: Name: 1 WEST CAMINO REAL BLVD., #205 Address: 3050 N. FEDERAL HIGHWAY, NO. 208 Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: LIGHTHOUSE POINT, FL 33064 Title: Title: (X) Change () Addition () Delete FAZIO, PHILIP L Name: TOBIAS, BENJAMIN Name: Address: 350 E. LAS OLAS BOULEVARD, NO. 101 Address: 1000 SOUTH PINE ISLAND ROAD, #250 City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: PLANTATION, FL 33324 Title: () Delete Title: (X) Change () Addition SHEIN, BLAIR ADKINS, DOROTHY Name: Name: 7369 SHERIDAN STREET, #201 Address: 2091 NE 27 STREET Address: City-St-Zip: LIGHTHOUSE POINT, FL 33064 City-St-Zip: HOLLYWOOD, FL 33024 Title: SD () Delete Title: (X) Change () Addition LETOURNEAU, TABITHA Name: VOGEL, DEBRA Name: 501 E. LAS OLAS BOULEVARD 100 NE 3 AVENUE, #300 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: FORT LAUDERDALE, FL 33301 Title: () Delete Title: () Change () Addition WOLONICK, LINDA M Name: Name: 9662 RIDGECREST COURT Address: Address: City-St-Zip: **DAVIE, FL 33328** City-St-Zip: Title: () Delete Title: (X) Change () Addition GRACE, KATHLEEN GRACE, KATHLEEN Name: Name: Address: 100 NE 3RD AVE STE 600 Address: 100 NE 3RD AVE STE 300

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.

City-St-Zip:

SIGNATURE: LINDA M. WOLONICK ED 03/02/2005

FORT LAUDERDALE, FL 33301

City-St-Zip:

FORT LAUDERDALE, FL 33301