2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N00131

1. Entity Name
DAYTONA BEACH CHAPTER OF THE SOCIETY OF FINANCIAL SERVICE PROFESSIONALS, INC.

Principal Place of Business
P.O. BOX 1144, N/A
ORMOND BEACH, FL 32175 US

Mailing Address
P.O. BOX 1144
ORMOND BEACH, FL 32175 US

DO NOT WRITE IN THIS SPACE

05052008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2372737

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TUMBLESON, J. DOYLE
CITY CENTER EAST
150 S. PALMETTO AVENUE
DAYTONA BEACH, FL 32115

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000950450
06/03/08-80069-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FISHER, JACK
STREET ADDRESS	141 SAGE BRUSH TR SUITE E
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	VPD
NAME	EDDY, JANE
STREET ADDRESS	45 SETON TR
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	CD
NAME	JOWERS, WALTER
STREET ADDRESS	818 HAIL CT
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jack Fisher 5/1/08 386-676-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #