2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006186

FILED Jul 07, 2004 Secretary of State

Entity Name: FLORIDA CHAPTER OF THE SOCIETY OF CONSUMER AFFAIRS PROFESSIONALS IN BUSINESS,

INC

Current Principal Place of Business: New Principal Place of Business:

526 EAST PARK AVENUE 200

TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

675 N. WASHINGTON STEET 200

ALEXANDRIA, VA 22314

FEI Number: 75-3019641 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:

HIQ CORPORATE SERVICES, INC. 526 E PARK AVE, SUITE 200 TALLAHASSEE, FL 32301 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:

itle: PD () Delete Title: PD (X) Change () Addition

Name: GALLANT, KEITH Name: BARRY, SEAN
Address: 4920 CONFERENCE WAY S #8 Address: 1010 PERSIMMON STREET

City-St-Zip: BOCA RATON, FL 33444 City-St-Zip: CELEBRATION, FL 34747

Title: VPD () Delete Title: VPD (X) Change () Addition Name: TISDLE, JAMES E Name: GLASS, HOWARD

Address: 5701 W. SUNRISE BLVD. Address: 4410 NORTH STATE ROAD 7
City-St-Zip: FT. LAUDERDALE, FL 33313 City-St-Zip: FT. LAUDERDALE, FL 33319

Title: VPD () Delete Title: VPD (X) Change () Addition Name: HARRIS, TAMI Name: CONSTANTINE, ROBERT

Address: 2901 - 48TH AVENUE SOUTH Address: 4410 NORTH STATE ROAD 7
City-St-Zip: ST. PETERSBURG, FL 33711 City-St-Zip: FT. LAUDERDALE, FL 33319

Name: GEORGES, DOROTHY Name: HUTCHINSON, ARTHUR

Address: 3655 N.W. 87TH AVENUE Address: 1410 NORTH WESTSHORE BLVD

City-St-Zip: MIAMI, FL 331782428 City-St-Zip: TAMPA, FL 33607

Title: TD (X) Delete Title: () Change () Addition

 Name:
 HUTCHINSON, ARTHUR
 Name:

 Address:
 2002 N. LOIS AVENUE
 Address:

 City-St-Zip:
 TAMPA, FL 33607
 City-St-Zip:

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.

SIGNATURE: SEAN BARRY PD 07/07/2004