


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90314 042 ****61.25

DOCUMENT # N01855	
1. Entity Name	
THE TALLAHASSEE CHAPTER OF SOCIETY OF FINANCIAL SERVICES PROFESSIONALS, INC.	

Principal Place of Business	Mailing Address
805 WAVERLY RD TALLAHASSEE FL 32312	805 WAVERLY RD TALLAHASSEE FL 32312

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number		Applied For
59-2914216		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
<input type="checkbox"/>		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLEET, EDWIN S. 805 WAVERLY RD TALLAHASSEE FL 32312		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME HOWARD, JOHN STREET ADDRESS 1117 THOMASVILLE RD CITY-ST-ZIP TALLAHASSEE FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME AVANT, GEORGE STREET ADDRESS 2908 NORTHMONT DR CITY-ST-ZIP TALLAHASSEE FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PPD NAME TYCHSEN, PETE STREET ADDRESS 1695-1 METROPOLITAN CIRCLE CITY-ST-ZIP TALLAHASSEE FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME FLEET, EDWIN S STREET ADDRESS 805 WAVERLY RD CITY-ST-ZIP TALLAHASSEE FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME BARNES, TRAVIS STREET ADDRESS P O BOX 14099 CITY-ST-ZIP TALLAHASSEE FL 32317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DUELL, DONALD STREET ADDRESS 1815 MICCOSUKEE COMMONS STE 100 CITY-ST-ZIP TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete	TITLE D NAME Frank, James W. STREET ADDRESS 1925 Buford Blvd. CITY-ST-ZIP Tallahassee, FL 32308	<input type="checkbox"/> Change <input checked="" 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)(i), 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: Edwin S. Fleet Edwin S. Fleet 4-18-2005 850-386-7402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #