

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01855

FILED  
Feb 12, 2009  
Secretary of State

**Entity Name:** THE TALLAHASSEE CHAPTER OF SOCIETY OF FINANCIAL SERVICES PROFESSIONALS, INC.

**Current Principal Place of Business:**

805 WAVERLY RD  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

805 WAVERLY RD  
TALLAHASSEE, FL 32312

**New Mailing Address:**

**FEI Number:** 59-2914216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLEET, EDWIN S.  
805 WAVERLY RD  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: FRANK, JAMES W  
Address: 1925 BUFORD BLVD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: PP ( ) Delete  
Name: BARNES, TRAVIS  
Address: P.O. BOX 14108  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete  
Name: AVANT, GEORGE  
Address: 259 JOHN KNOX RD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD ( ) Delete  
Name: SPITZER, PHILIP  
Address: P.O. BOX 14346  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete  
Name: TOOLE, GILES  
Address: P.O. BOX 14099  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: CURRY, JOHN  
Address: P.O. BOX 3892  
City-St-Zip: TALLAHASSEE, FL 32315

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: FLEET, EDWIN S  
Address: 805 WAVERLY RD.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: EDWIN S. FLEET

ST/D

02/12/2009

Electronic Signature of Signing Officer or Director

Date