

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90024 009 \*\*\*\*61.25

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<b>DOCUMENT # N03000008470</b> 1. Entity Name <b>FLORIDA COUNCIL OF PROPERTY TAX LAWYERS, INC.</b>					
Principal Place of Business <b>215 SOUTH MONROE STREET TALLAHASSEE, FL 32302 US</b>			Mailing Address <b>POST OFFICE BOX 1351 TALLAHASSEE, FL 32302-1351 US</b>		
2. Principal Place of Business - No P.O. Box # <b>201 S. Monroe Street</b> Suite, Apt. #, etc. <b>4th Floor</b>		3. Mailing Address Suite, Apt. #, etc.		03282008 Chg-NP CR2E037 (12/06)	
City & State <b>Tallahassee, FL</b> Zip <b>32301</b>		City & State Country <b>US</b>		4. FEI Number <b>55-0856619</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>PHIPPS, BENJAMIN K 215 SOUTH MONROE STREET, SUITE 802 TALLAHASSEE, FL 32302</b>			7. Name and Address of New Registered Agent Name <b>Benjamin K. Phipps</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 S. Monroe Street</b> <b>4th Floor</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32301</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDMAN, ROBERT 1705 METROPOLITAN BLVD #101 TALLAHASSEE, FL 323083796	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARLEE, JOHN P III 1227 9TH AVENUE WEST BRADENTON, FL 342057326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, ROBERT E JR POST OFFICE BOX 2231 TALLAHASSEE, FL 323020190	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, VICTORIA L 123 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHIPPS, BENJAMIN K POST OFFICE BOX 1351 TALLAHASSEE, FL 323021351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPOONHOUR, JAMES 215 NORTH EOLA DRIVE ORLANDO, FL 328012028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>7 Apr 08</b> Daytime Phone # <b>850-222-7000</b>		