

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008470

FILED
Aug 20, 2009
Secretary of State

Entity Name: FLORIDA COUNCIL OF PROPERTY TAX LAWYERS, INC.

Current Principal Place of Business:

201 S MONROE STREET
4TH FLOOR
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1351
TALLAHASSEE, FL 323021351 US

New Mailing Address:

FEI Number: 55-0856619 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PHIPPS, BENJAMIN K
201 S MONROE STREET
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:

Title: D () Delete
Name: GOLDMAN, ROBERT
Address: 1705 METROPOLITAN BLVD #101
City-St-Zip: TALLAHASSEE, FL 323083796 US

Title: D () Delete
Name: HARLEE, JOHN P III
Address: 1227 9TH AVENUE WEST
City-St-Zip: BRADENTON, FL 342057326 US

Title: D () Delete
Name: KELLEY, ROBERT E JR
Address: POST OFFICE BOX 2231
City-St-Zip: TALLAHASSEE, FL 323020190 US

Title: D () Delete
Name: WEBER, VICTORIA L
Address: 123 SOUTH CALHOUN STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D () Delete
Name: PHIPPS, BENJAMIN K
Address: POST OFFICE BOX 1351
City-St-Zip: TALLAHASSEE, FL 323021351 US

Title: D () Delete
Name: SPOONHOUR, JAMES
Address: 215 NORTH EOLA DRIVE
City-St-Zip: ORLANDO, FL 328012028 US

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: () Change () Addition
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City-St-Zip:

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: BENJAMIN K. PHIPPS

D

08/20/2009

Electronic Signature of Signing Officer or Director

Date