

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010515

FILED
Jul 06, 2005
Secretary of State

Entity Name: CPA LAW FORUM OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

2424 N FEDERAL HWY STE 411
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2424 N FEDERAL HWY STE 411
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

NEWMAN, POLLOCK & KLEIN, LLP
2424 N FEDERAL HWY STE 411
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

PERRY, JOHN
2424 N FEDERAL HWY STE 411
BOCA RATON, FL 33431 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: JOHN PERRY

07/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PERRY, JOHN L
Address: 2424 N FEDERAL HWY STE 411
City-St-Zip: BOCA RATON, FL 33431

Title: DVS () Delete
Name: POLLOCK, KENNETH S
Address: 2424 N FEDERAL HWY STE 411
City-St-Zip: BOCA RATON, FL 33431

Title: DT () Delete
Name: MCGRATH, ROBERT
Address: 2400 E COMMERCIAL BLVD STE 517
City-St-Zip: FT LAUDERDALE, FL 33308

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:

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: JOHN PERRY

DP

07/06/2005

Electronic Signature of Signing Officer or Director

Date