

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010034

FILED
Aug 20, 2009
Secretary of State

Entity Name: CHIEF FINANCIERS ORGANIZATION, INC.

Current Principal Place of Business:

1325 WEST THARPE STREET
1332
TALLAHASSEE, FL 32303

New Principal Place of Business:

500 GAMBLE STREET ONE SBI PLAZA
W104
TALLAHASSEE, FL 32307 US

Current Mailing Address:

1325 WEST THARPE STREET
1332
TALLAHASSEE, FL 32303 US

New Mailing Address:

1951 FLIPPER ST
TALLAHASSEE, FL 32310 US

FEI Number: 27-0020601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

MITCHELL, SEAN F
1325 WEST THARPE STREET
1332
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

MITCHELL, SEAN F
500 GAMBLE STREET ONE SBI PLAZA
TALLAHASSEE, FL 32307 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: SEAN F MITCHELL

08/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHMN () Delete
Name: MITCHELL, SEAN F
Address: 1325 WEST THARPE STREET
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHMN (X) Change () Addition
Name: MITCHELL, SEAN F CHMN
Address: 500 GAMBLE STREET ONE SBI PLAZA
City-St-Zip: TALLAHASSEE, FL 32307 US

Title: BOD () Change (X) Addition
Name: PURYEAR, WESLEY BOD
Address: 500 GAMBLE STREET ONE SBI PLAZA
City-St-Zip: TALLAHASSEE, FL 32307 US

Title: BOD () Change (X) Addition
Name: SAVAGE, KELVIN BOD
Address: 500 GAMBLE STREET ONE SBI PLAZA
City-St-Zip: TALLAHASSEE, FL 32307 US

Title: DOF () Change (X) Addition
Name: CLINKSCALES, AARON D DOF
Address: 1951 FLIPPER ST
City-St-Zip: TALLAHASSEE, FL 32310 US

Title: PRES () Change (X) Addition
Name: SMITH, WILLIE PRES
Address: 500 GAMBLE STREET ONE SBI PLAZA
City-St-Zip: TALLAHASSEE, FL 32307 US

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: AARON D CLINKSCALES

DOF

08/20/2009

Electronic Signature of Signing Officer or Director

Date