2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008256

FILED Feb 23, 2009 Secretary of State

Entity Name: FLORIDA INSTITUTE OF CHIEF FINANCIAL OFFICERS, INC.

Current Principal Place of Business: New Principal Place of Business: 612 C BALDWIN AVENUE 612 C BALDWIN AVENUE SAFETY HARBOR, FL 34695 SAFETY HARBOR, FL 34695 US **Current Mailing Address: New Mailing Address:** PO BOX 1406 PO BOX 1406 SAFETY HARBOR, FL 34695 SAFETY HARBOR, FL 346951406 US FEI Number: 26-3310126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCOSKEY, KIMBERLY JOHNSON, KIMBERLY 612 C BALDWIN AVENUE 612 C BALÓWIN AVENUE SAFETY HARBOR, FL 34695 US SAFETY HARBOR, FL 34695 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: KIMBERLY JOHNSON 02/23/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition FIGUEREO, JUAN Name: Name: Address: Address: 612 C BALDWIN AVENUE City-St-Zip: City-St-Zip: SAFETY HARBOR, FL 34695 US Title: Title: () Change (X) Addition () Delete HITCHCOCK, DAVID Name: Name: Address: Address: 612 C BALDWIN AVENUE City-St-Zip: City-St-Zip: SAFETY HARBOR, FL 34695 US Title: () Delete Title: DIR () Change (X) Addition LINDSEY, TODD Name: Name: Address: Address: 612 C BALDWIN AVENUE City-St-Zip: City-St-Zip: SAFETY HARBOR, FL 34695 US Title: () Delete Title: DIR () Change (X) Addition Name: Name: POLLOCK, GEORGE Address: Address: 612 C BALDWIN AVENUE City-St-Zip: City-St-Zip: SAFETY HARBOR, FL 34695 US Title: () Delete Title: () Change (X) Addition RUIZ, WALLY Name: Name: 612 C BALDWIN AVENUE Address: Address: City-St-Zip: City-St-Zip: SAFETY HARBOR, FL 34695 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: KIMBERLY JOHNSON DIR 02/23/2009