

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10556

FILED
Jun 13, 2008
Secretary of State

Entity Name: THE FLORIDA SOCIETY OF CERTIFIED PUBLIC MANAGERS, INC.

Current Principal Place of Business:

1101 E 1ST ST
SANFORD, FL 32771 US

New Principal Place of Business:

577 LAKEWOOD DRIVE
OLDSMAR, FL 34677 US

Current Mailing Address:

1101 E 1ST ST
SANFORD, FL 32771 US

New Mailing Address:

577 LAKEWOOD DRIVE
OLDSMAR, FL 34677 US

FEI Number: 59-2848158 **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:

HARRIS, JEANNETTE
3400 W. COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

FLORIDA SOCIETY OF CPMS
577 LAKEWOOD DRIVE
OLDSMAR, FL 34677 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: COLLEEN J. SCOTT

06/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: O'CATHEY, JERRY
Address: 490 63RD ST STE 150
City-St-Zip: MARATHON, FL 33050

Title: VP () Delete
Name: MCCARTHY, JERRY
Address: 261 NE 38TH STE APT D111
City-St-Zip: OAKLAND, FL 33334

Title: SD () Delete
Name: WRIGHT, JAN
Address: 3727 CENTERVIEW DRIVE, SUITE 302
City-St-Zip: TALLAHASSEE, FL 32399

Title: TD () Delete
Name: PATTERSON, KIM
Address: 1101 E 1ST ST
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MCCARTHY, JERRY
Address: 3400 WEST COMMERCIAL BLVD DISTRICT IV
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: VP (X) Change () Addition
Name: HOLCOMB, GREG
Address: 315 WEST MAIN STREET
City-St-Zip: TAVARES, FL 32778

Title: SEC (X) Change () Addition
Name: VALDEZ, SHERRY
Address: 605 SUWANNEE STREET
City-St-Zip: TALLAHASSEE, FL 32399 US

Title: TREA (X) Change () Addition
Name: SCOTT, COLLEEN
Address: 577 LAKEWOOD DRIVE
City-St-Zip: OLDSMAR, FL 34677 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: COLLEEN J. SCOTT

TREA

06/13/2008

Electronic Signature of Signing Officer or Director

Date