

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10556

FILED  
Jul 26, 2009  
Secretary of State

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

**Current Principal Place of Business:**

577 LAKEWOOD DRIVE  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

577 LAKEWOOD DRIVE  
OLDSMAR, FL 34677 US

**New Mailing Address:**

**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:**

FLORIDA SOCIETY OF CPMS  
577 LAKEWOOD DRIVE  
OLDSMAR, FL 34677 US

**Name and Address of New Registered Agent:**

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

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

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

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

TREA

07/26/2009

Electronic Signature of Signing Officer or Director

Date