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N13629



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5

DOCUMENT # N13629					
1. Entity Name FLORIDA CENTER FOR FINANCIAL TRAINING, INC.					
Principal Place of Business 126 W ADAMS ST., SUITE 501 JACKSONVILLE, FL 32202		Mailing Address 126 W ADAMS ST., SUITE 501 JACKSONVILLE, FL 32202			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2626656	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHILLIPS, LISA 126 W. ADAMS ST., STE. 501 JACKSONVILLE, FL 32202			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		(NOTE: Registered Agent signature required when re-registering)		DATE	
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fee	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DO	<input type="checkbox"/> Delete	TITLE	DO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURRAY, DANE		NAME	JAN BURT	
STREET ADDRESS	P.O. BOX 1287		STREET ADDRESS	COLUMBIA, SC 29206	
CITY-ST-ZIP	ORANGEBURG, SC 29116		CITY-ST-ZIP		
TITLE	DO	<input type="checkbox"/> Delete	TITLE	DO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWERS, ELAINE		NAME	JIM ROBERTS	
STREET ADDRESS	P.O. BOX 1029		STREET ADDRESS	LAFAYETTE ST	
CITY-ST-ZIP	GREENVILLE, SC 29602		CITY-ST-ZIP	MAYN, FL 32066	
TITLE	DO	<input type="checkbox"/> Delete	TITLE	DO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, GREG		NAME	DEE BARTH	
STREET ADDRESS	9000 SOUTHSIDE BLVD., BLDG. 100		STREET ADDRESS	SARASOTA, FL 34231	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	DO	<input checked="" type="checkbox"/> Delete	TITLE	DO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAKE, DONNA		NAME	SUSAN DANIEL	
STREET ADDRESS	840 EDGEWOOD AVENUE SOUTH		STREET ADDRESS	JACKSONVILLE, FL 32202	
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROADWELL, CHARLES		NAME		
STREET ADDRESS	P.O. BOX 1788		STREET ADDRESS		
CITY-ST-ZIP	SUMTER, SC 29150		CITY-ST-ZIP		
TITLE	DO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMBLETT, SHARON		NAME	B le/29/07	
STREET ADDRESS	9000 SOUTHSIDE BOULEVARD BLDG 800		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Date: May 2, 2007		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

66018695



04232007 Chg-NP CR2E037 (12/06)

ATTACHMENT

66018695

2007 Not-For-Profit Corporation  
Annual Report

Florida Center for Financial Training, Inc.

Reference Number: N13629

*Officers and Directors*

*Additions*

DO  
Jan Burt  
1320 Main St., Suite 175  
Columbia, SC 29201

DO  
Jim Roberts  
340 West Main Street  
Mayo, FL 32066

DO  
Dee Barth  
25 South Links Avenue  
Sarasota, FL 34236

DO  
Susan Daniel  
One Independent Drive, Suite 115  
Jacksonville, FL 32202