

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18051

FILED
Jan 17, 2008
Secretary of State

Entity Name: THE FINANCIAL PLANNING ASSOCIATION OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

C/O SUN TRUST BANK, N FL, 76 S LAURA ST
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551604
JACKSONVILLE, FL 322551604 US

New Mailing Address:

FEI Number: 59-2750430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONDERO, JOHN
4651 SALISBURY RD.
STE. 275
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

DONDERO, JOHN
3840 BELFORT RD.
STE. 103
JACKSONVILLE, FL 32216 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:

01/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLARK, ROBIN
Address: HR CLARK,LLC-750 NATURES HAMMOCK RD W
City-St-Zip: JACKSONVILLE, FL 322592881

Title: PE/D () Delete
Name: ELIAS, NASSIM
Address: C/O SUN TRUST BANK, N FL, 76 S LAURA ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: TD () Delete
Name: BOARDMAN, KELLY
Address: I E ACCOUNTING SERVICES,INC P O BOX 600216
City-St-Zip: JACKSONVILLE, FL 32260

Title: SD () Delete
Name: DONDERO, JOHN
Address: 4651 SALISBURY RD
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HART, BILL
Address: 9471 BAYMEADOW RD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP (X) Change () Addition
Name: MATT, BERQUIST
Address: 3652 SOUTH THIRD STREET, SUITE 200
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: DONDERO, JOHN
Address: 3840 BELFORT RD. STE. 103
City-St-Zip: JACKSONVILLE, FL 32216

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: JOHN DONDERO

SD

01/17/2008

Electronic Signature of Signing Officer or Director

Date