2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18051

FILED Feb 23, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

9471 BAYMEADOWS RD SUITE 303

JACKSONVILLE, FL 32256 US

Current Mailing Address: New Mailing Address:

9471 BAYMEADOWS RD SUITE 303

JACKSONVILLE, FL 32256 US

FEI Number: 59-2750430 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:

BEARD, TIFFANY 9471 BAYMEADOWS RD STE. 303 JACKSONVILLE, FL 32256 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TR

Name: BEARD, TIFFANY

Address: 9471 BAYMEADOW RD STE 303 City-St-Zip: JACKSONVILLE, FL 32256 US

Title: CD

Name: HARTSFIELD, REID

Address: BB&T WEALTH MANAGEMENT 13016 CHETS CREEK D

City-St-Zip: JACKSONVILLE, FL 32224 US

Title: PD

Name: HALL, ELAINE

Address: 8160 BAYMEADOWS WAY W STE 310 City-St-Zip: JACKSONVILLE, FL 32256 US

Title: SD

Name: LOGUE, JOHN

Address: 10060 SKINNER LAKE DR 3RD FLOOR

City-St-Zip: JACKSONVILLE, FL 32246 US

Title: VF

Name: TROTTA, THOMAS A

Address: 6817 SOUTHPOINT PKWY STE 401 City-St-Zip: JACKSONVILLE, FL 32216 US

I hereby 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 all other like empowered.

SIGNATURE: TIFFANY BEARD TR 02/23/2011