## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20365

Feb 23, 2006 Secretary of State

Entity Name: TAMPA BAY CHAPTER OF THE SOCIETY OF FINANCIAL SERVICE PROFESSIONALS, INC.

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

4010 CYPRESS WILLOW CT TAMPA, FL 33614

**Current Mailing Address: New Mailing Address:** 

C/O THOMAS A. ROMAN P.O. BOX 21732 TAMPA, FL 33622 US

FEI Number: 59-2824939 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:

DORREMAN, ELAINE 4010 CYPRESS WILLOW CT TAMPA, FL 33614

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

DRESSEL, JEFFREY THAXTON, J. Name: Name: 111 2ND AVE NE #911 Address: 2907 BAY TO BAY BLVD. Address: City-St-Zip: ST. PETERSBURG, FL 33701 City-St-Zip: TAMPA, FL 33629

Title: ( ) Delete Title: (X) Change ( ) Addition GRIEB, ROBERT Name: GRIEB, ROBERT Name:

Address: 500 N. WESTSHORE #700 Address: 500 N. WESTSHORE #700 City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33609

Title: () Delete Title: (X) Change ( ) Addition THAXTON, DUFFY COLEMAN, ROBERT Name: Name:

2907 BAY TO BAY BLVD #102 1511 N. WESTSHORE #870 Address: Address:

City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33607

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: COLEMAN, ROBERT Name: TANNAHILL, BRUCE 1511 N. WESTSHORE BLVD. 570 CARILLON PKWY Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: ST. PETERSBURG, FL 33716

Title: () Delete Title: (X) Change ( ) Addition

ALFORD, JAYNE ALFORD, JAYNE Name: Name: 1511 N. WESTSHORE BLVD. 10504 LACERA DR. Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33618

Title: () Delete Title: (X) Change ( ) Addition

BOSWELL, SUSAN KLAASSEN, KARIN Name: Name: Address: 10006 N. DALE MABRY #113 Address: 807 TIMBER POND DR. TAMPA, FL 33618 BRANDON, FL 33510 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DUFFY THAXTON **PRES** 02/23/2006