FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **N22463** **(6)**

1. Corporation Name

THE CENTRAL FLORIDA SOCIETY OF THE INSTITUTE OF CERTIFIED PLANNERS, INC.

Principal Place of Business	Mailing Address
NADROWSKI, CONNIE 1250 S. HWY 17-92 #150 LONGWOOD FL 32750 US	NADROWSKI, CONNIE 1250 S. HWY 17-92 #150 LONGWOOD FL 32750 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/14/1987**
3a. Date of Last Report: **05/19/1994**
4. FEI Number: **59-2850759** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NADROWSKI, CONNIE G. 1250 S. HWY 17 92 #150 LONGWOOD FL 32750	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	CONRAD, JUDY	1.2 NAME	CONRAD JUDY
STREET ADDRESS	1000 LEGION PLACE #1400	1.3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	1.4 CITY ST ZIP	
TITLE	PED	2.1 TITLE	☒ Change ☐ Addition
NAME	MORENO, ANTONIO L	2.2 NAME	OMIT
STREET ADDRESS	15 W. CHURCH ST.STE 201	2.3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32801	2.4 CITY ST ZIP	
TITLE	DC	3.1 TITLE	D ☒ Change ☐ Addition
NAME	NADROWSKI, LARRY	3.2 NAME	
STREET ADDRESS	1250 S. HWY 17 92 #150	3.3 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL 32750	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	NADROWSKI, CONNIE	4.2 NAME	
STREET ADDRESS	1250 S HWY 17-92 250	4.3 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL 32750	4.4 CITY ST ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, GAIL R	5.2 NAME	
STREET ADDRESS	1850 LEE RD / STE - 211	5.3 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	PRES ELECT ☐ Change ☒ Addition
NAME		6.2 NAME	RICHARD COHEN
STREET ADDRESS		6.3 STREET ADDRESS	200 [illegible] AVE #1300
CITY ST ZIP		6.4 CITY ST ZIP	ORLANDO FL 32801

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 05/01/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031872