

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

97 FEB -3 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # N22463 (6)
 1. Corporation Name
 THE CENTRAL FLORIDA SOCIETY OF THE INSTITUTE OF CERTIFIED PLANNERS, INC. **REINSTATEMENT 1996**

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

3. Date Incorporated or Qualified 09/14/1987
 3a. Date of Last Report 05/11/1995
 4. FEI Number 59-2850759
 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
 NADROWSKI, CONNIE G.
 1250 S. HWY 17 92 #150
 LONGWOOD FL 32750

10. Name and Address of New Registered Agent
 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
 SIGNATURE *Connie G. Nadrowski* DATE 1-27-97
 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CONRAD, JUDY	
STREET ADDRESS	1000 LEGION PLACE #1400	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	NADROWSKI, LARRY	
STREET ADDRESS	1250 S. HWY 17 92 #150	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NADROWSKI, CONNIE	
STREET ADDRESS	1250 S HWY 17-92 250	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	I	<input type="checkbox"/> DELETE
NAME	ROBINSON, GAIL R	
STREET ADDRESS	1850 LEE RD / STE - 211	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	COHEN, RICHARD	
STREET ADDRESS	20 N ORANGE AVE #1300	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	300002081133-4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	-02/07/97--01020--009	
1.3 STREET ADDRESS	****175.00 ****175.00	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	REINSTATEMENT 1996	
2.3 STREET ADDRESS	<i>G. Alan</i>	
2.4 CITY-ST-ZIP	2-3-96	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	300002081133--4	
4.4 CITY-ST-ZIP	-02/07/97--01020--010	
5.1 TITLE	****61.25 ****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Gail Robinson* SIGNATURE REQUIRED *Alan* 092096
 Signature and typed or printed name of signing officer or director Date Daytime Phone #
 0003626

CR2E037 (3/96)