

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.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

97 FEB -3 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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 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*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME CONRAD, JUDY  
STREET ADDRESS 1000 LEGION PLACE #1400  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE DC  
NAME NADROWSKI, LARRY  
STREET ADDRESS 1250 S. HWY 17 92 #150  
CITY-ST-ZIP LONGWOOD FL 32750

☐ DELETE

TITLE D  
NAME NADROWSKI, CONNIE  
STREET ADDRESS 1250 S HWY 17-92 250  
CITY-ST-ZIP LONGWOOD FL 32750

☐ DELETE

TITLE I  
NAME ROBINSON, GAIL R  
STREET ADDRESS 1850 LEE RD / STE - 211  
CITY-ST-ZIP WINTER PARK FL

☐ DELETE

TITLE P  
NAME COHEN, RICHARD  
STREET ADDRESS 20 N ORANGE AVE #1300  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

300002081133-4  
-02/07/97--01020--009  
\*\*\*\*175.00 \*\*\*\*175.00

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

REINSTATEMENT 1996

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition  
*A. Alan*  
2-3-96

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

300002081133--4  
-02/07/97--01020--010  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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:

*Robinson, Trean*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0003628

CR2E037 (3/96)