

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97, \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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.



DO NOT WRITE IN THIS SPACE

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	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	09/14/1987	02/03/1997
Suite, Apt. #, etc.		4. FEI Number	Applied For
22		59-2850759	Not Applicable
City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23			
Zip		6. Election Campaign Financing	\$5.00 May Be Added to Fees
24		Trust Fund Contribution	
Country		8. This corporation owes or has paid the current year Intangible	
25		Personal Property Tax due June 30.	Yes No
29			

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13.	
TITLE	PD	1.1 TITLE	Treasurer
NAME	CONRAD, JUDY	1.2 NAME	Frank M. ARNALL
STREET ADDRESS	1000 LEGION PLACE #1400	1.3 STREET ADDRESS	3001 Aloma Ave
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Winter Park FL 32792
TITLE	DC	2.1 TITLE	President
NAME	NADROWSKI, LARRY	2.2 NAME	Dixie Kist
STREET ADDRESS	1250 S. HWY 17 92 #150	2.3 STREET ADDRESS	1899 King Edward Dr.
CITY-ST-ZIP	LONGWOOD FL 32750	2.4 CITY-ST-ZIP	Kissimmee FL 32744-6411
TITLE	D	3.1 TITLE	
NAME	NADROWSKI, CONNIE	3.2 NAME	
STREET ADDRESS	1250 S HWY 17-92 250	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	ROBINSON, GAIL R	4.2 NAME	
STREET ADDRESS	1850 LEE RD / STE - 211	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	
NAME	COHEN, RICHARD	5.2 NAME	
STREET ADDRESS	20 N ORANGE AVE #1300	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

000002272000
-08/20/97--01014--029
***61.25

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank M. ARNALL
8/13/97

Date Daytime Phone 000/014

CR2E037 (4/97)