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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22463 (6)
1. Corporation Name
THE CENTRAL FLORIDA SOCIETY OF THE INSTITUTE OF CERTIFIED PLANNERS, INC.



2. Principal Place of Business NADROWSKI, CONNIE 1250 S. HWY 17-92 #150 LONGWOOD FL 32750 US	Mailing Address NADROWSKI, CONNIE 1250 S. HWY 17-92 #150 LONGWOOD FL 32750 US
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3. Date Incorporated or Qualified
09/14/1987

4. FEI Number
59-2850759

Applied For	Not Applicable
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21. Principal Place of Business Keith L Haskell Suite, Apt. #, etc. 426 LANCASTER Rd	2a. Mailing Address Keith L Haskell Suite, Apt. #, etc. 426 LANCASTER Rd
22. City & State ORLANDO, FL	27. City & State ORLANDO, FL
23. Zip 32809	28. Country US
24. Zip 32809	25. Country US

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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 Keith L Haskell
82 Street Address (P.O. Box Number Is Not Acceptable) 426 LANCASTER RD
83
84 City ORLANDO
85 Zip Code FL 32809

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: *Keith L Haskell, Treasurer* **KEITH L. HASKELL** **3-11-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CONRAD, JUDY	
STREET ADDRESS	1000 LEGION PLACE #1400	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	NADROWSKI, LARRY	
STREET ADDRESS	1250 S. HWY 17 92 #150	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NADROWSKI, CONNIE	
STREET ADDRESS	1250 S HWY 17-92 250	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ARNALL, FRANK M	
STREET ADDRESS	3001 ALOMA AVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KIST, DIXIE	
STREET ADDRESS	1899 KING EDWARD DR.	
CITY-ST-ZIP	KISSIMMEE FL 32744-6411	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/D DANIEL B. MOISAND	
1.3 STREET ADDRESS	1361 Bedford DR, Suite 103	
1.4 CITY-ST-ZIP	Melbourne, FL 32940	
2.1 TITLE	T/P Keith L. Haskell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Keith L. Haskell	
2.3 STREET ADDRESS	426 LANCASTER Rd	
2.4 CITY-ST-ZIP	ORLANDO, FL 32809	
3.1 TITLE	S/D Virginia P. SLADE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Virginia P. Slade	
3.3 STREET ADDRESS	1850 Lee Road, Suite 232	
3.4 CITY-ST-ZIP	Winter Park, FL 32789	
4.1 TITLE	4/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D AL Baker	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AL Baker	
6.3 STREET ADDRESS	251 Matland Blvd, Suite 103	
6.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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: *Frank Arnall* **FRANK ARNALL** **3/3/98 407-678-4055**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #

CP2E037 (10/97)