


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	--

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



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

2. Principal Place of Business 21 <b>Keith L Haskell</b> Suite, Apt. #, etc. 22 <b>426 LANCASTER RD</b> City & State 23 <b>ORLANDO, FL</b> Zip 24 <b>32809</b> Country 25 <b>US</b>	2a. Mailing Address 26 <b>Keith L Haskell</b> Suite, Apt. #, etc. 27 <b>426 LANCASTER RD</b> City & State 28 <b>ORLANDO, FL</b> Zip 29 <b>32809</b> Country 30 <b>US</b>
---	--

3. Date Incorporated or Qualified <b>09/14/1987</b>	4. FEI Number <b>59-2850759</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

10. Name and Address of New Registered Agent 81 Name <b>Keith L Haskell</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>426 LANCASTER RD</b> 83 84 City <b>ORLANDO</b> FL 85 Zip Code <b>32809</b>
--

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, Treas.** **KEITH L. HASKELL** 3-11-98  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONRAD, JUDY	1.2 NAME <b>DANIEL B. MOISAND</b>
STREET ADDRESS	1000 LEGION PLACE #1400	1.3 STREET ADDRESS <b>1361 Bedford DR, Suite 103</b>
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP <b>MELOBORNE, FL 32940</b>
TITLE	DC <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NADROWSKI, LARRY	2.2 NAME <b>Keith L. Haskell</b>
STREET ADDRESS	1250 S. HWY 17 92 #150	2.3 STREET ADDRESS <b>426 LANCASTER RD</b>
CITY-ST-ZIP	LONGWOOD FL 32750	2.4 CITY-ST-ZIP <b>ORLANDO, FL 32809</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NADROWSKI, CONNIE	3.2 NAME <b>Virginia P. SLADE</b>
STREET ADDRESS	1250 S HWY 17-92 250	3.3 STREET ADDRESS <b>1850 Lee Road, Suite 232</b>
CITY-ST-ZIP	LONGWOOD FL 32750	3.4 CITY-ST-ZIP <b>WINTER PARK, FL 32789</b>
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNALL, FRANK M	4.2 NAME <b>D/C</b>
STREET ADDRESS	3001 ALOMA AVE	4.3 STREET ADDRESS
CITY-ST-ZIP	WINTER PARK FL 32792	4.4 CITY-ST-ZIP
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIST, DIXIE	5.2 NAME
STREET ADDRESS	1899 KING EDWARD DR.	5.3 STREET ADDRESS
CITY-ST-ZIP	KISSIMMEE FL 32744-8411	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME <b>AL Baker</b>
STREET ADDRESS		6.3 STREET ADDRESS <b>251 Matland Blvd, Suite 103</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP <b>ALTAMONTE SPRINGS, FL 32701</b>

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

CP2E037 (10/97)