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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22463

1. Corporation Name
THE CENTRAL FLORIDA SOCIETY OF THE INSTITUTE OF CERTIFIED PLANNERS, INC.

Principal Place of Business HASKELL, KEITH L 426 LANCASTER RD ORLANDO FL 32809 US	Mailing Address HASKELL, KEITH L 426 LANCASTER RD ORLANDO FL 32809 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/14/1987	4. FEI Number 59-2850759	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HASKELL, KEITH L
 426 LANCASTER RD
 ORLANDO FL 32809

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 _____ DATE _____
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	MOISAND, DANIEL	
STREET ADDRESS	1361 BEDFORD DR, SUITE 103	
CITY-ST-ZIP	MELBOURN FL 32940	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HASKELL, KEITH L	
STREET ADDRESS	426 LANCASTER RD	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SLADE, VIRGINIA P	
STREET ADDRESS	1850 LEE RD, SUITE 232	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARNALL, FRANK M	
STREET ADDRESS	3001 ALOMA AVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	KIST, DIXIE	
STREET ADDRESS	1899 KING EDWARD DR.	
CITY-ST-ZIP	KISSIMMEE FL 32744-6411	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, AL	
STREET ADDRESS	251 MAITLAND BLVD, SUITE 103	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
4.4 CITY-ST-ZIP	
5.1 TITLE	<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 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, with all other like empowered.

SIGNATURE: *Keith L Haskell* RECKE KEITH L HASKELL 2-4-99 407-857-0990
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)