

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90056 015 ****61.25

0002871

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME MOISAND, DANIEL
STREET ADDRESS 1361 BEDFORD DR, SUITE 103
CITY-ST-ZIP MELBOURN FL 32940

TITLE TD ☐ DELETE

NAME HASKELL, KEITH L
STREET ADDRESS 426 LANCASTER RD
CITY-ST-ZIP ORLANDO FL 32809

TITLE SD ☐ DELETE

NAME SLADE, VIRGINIA P
STREET ADDRESS 1850 LEE RD, SUITE 232
CITY-ST-ZIP WINTER PARK FL 32789

TITLE VD ☐ DELETE

NAME ARNALL, FRANK M
STREET ADDRESS 3001 ALOMA AVE
CITY-ST-ZIP WINTER PARK FL 32792

TITLE DC ☐ DELETE

NAME KIST, DIXIE
STREET ADDRESS 1899 KING EDWARD DR.
CITY-ST-ZIP KISSIMMEE FL 32744-6411

TITLE D ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-99

Date

407-857-0990

Daytime Phone #

CR2E037 (1/98)