FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
annual repor



TEORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # N 23848

Southwest Florida Society of the Institute of Certified Financial Planners, Inc.

Mailing Address

	ox 870	PO Box 8	7.0				
Este	Estero FL 33928-0870 Estero FL 33928-0870			0			
			. 557		Date Incorporated or Qualified	3a. Date of L	ast Report
Principal Place of Business     2a. Mailing Address					12/14/87		7/95
The maining Address					4. FEI Number	<del></del>	Applied For
Cuito Act to also				59-2866257	50_2866257		
<u></u> ⊢		<u> </u>	Suite, Apt. #, etc.		\$9.75 444		Not Applicable 75 Additional
City & St.	Pato	27			5. Certificate of Status Desired		ee Required
23		City & State		6. Election Campaign Financing		.00 May Be	
Zip	Country	28		<del> </del>	Trust Fund Contribution		Ided to Fees
24	25 Country	Zιρ		intry	<ol><li>This corporation has liability for in</li></ol>		
	9. Name and Address of Curren	t Booletseed Asset	30		Florida Statutes	Yes 🚺 No	,
	5. Touris and Addition by Culter	r negistered Agent		541	10. Name and Address of New Re	gistered Agent	
	James Anders			81 Name			
	17230 S. Tamiami Trail			82 Street A	Address (P.O. Box Number is Not Acceptable	<u></u>	
Fort Myers FL 33908-4541					- The recording the recording to	"	
	•			83			
				84 City			
				1 1 - 7			Zip Code
<ol><li>Pursua or reg .</li></ol>	the rovisions of Sections 617,0502	and 617.1508, Florida Statu	tes, the abo	ve-named cor	poration submits this statement for the current	ODO OF Shanes	
familiar	in and accept the obligations of Sertic	ia. Such change was authori on 617.0503. Florida Such de	zed by the c	corporation's £	poration submits this statement for the purp poard of directors. I needly accept the appoi	ntment as register	s registered office ed agent, I am
SIGNATURE	Muss Ille	Dear / The		2 7	1 1 m 1/1 = 0 =	5	
	Sunature, typed or printed name of registered agent a	and little if applicable (N	Off. Registered	Agent sonative rec	during when renstating		
12.	OFFICERS AND		13.	Jan agradu to	ADD:HONS/C-HANGES TO OFFIC	DATE	7611141111111
TITLE	SD	DELETE	1.1 10	TLE J	PD		
NAME D	4		1 2 NA	• 1	James Anders	Chang	e 🔲 Addition
STREET ADDRESS	Lawrence Rosenbe	rg		-	17230 S. Tamiami Ti	- 4 1 40	
CITY - ST-ZIP	3635 Winkler Ave Fort Myers FL 3	#/24			Fort Myers FL 3390	08-4541	
TITLE	D D	DELETE	2 1 111				
NAME	Kelsey McKay		1		TD	Chang	Addition
STREET ADDRESS		il Namel	2 2 NA	ME	Elizabeth A. Gharee	e b	
CITY-ST-ZIP	Naples FL 33940	11 NOLLU		REET ADDRESS	12795 Hunters Ridge	Dr	
TITLE	<del></del>	FIDELETE			Bonita Springs FL	33923-34	37
NAME V	D		3 1 117	LE			
	772 1 1 2 24 24 4	DELETE		- 1		Chang	
	William MacIlvai	n e	3 2 NA	ME		L] Unang	
STREET ADDRESS		n e	3 2 NA	ME REET ADORESS		∐ Chang	
CITY-ST-ZIP	522 Pine Grove L Naples FL 33940	ne ane	3 2 NA			r chang	
CITY-ST-ZIP	522 Pine Grove L Naples FL 33940 D	ne ane	3 2 NA	REET ADORESS TY+ST-ZIP			Addition
CITY-ST-ZIP TITLE NAME	522 Pine Grove La Naples FL 33940- D Phil Brucato	ne ane –8537 □DELETE	3 2 NA 3 3 STF 3.4. Ct	REET ADDRESS TY-ST-ZIP LE		Chang	Addition
CITY-ST-ZIP	522 Pine Grove L. Naples FL 33940- D Phil Brucato 4415 Pelican Blvo	ne ane –8537 □DELÉTE	3 2 NA: 9 3 STF 3.4. CH 4 1 TITL 4. 2 NA	REET ADDRESS TY-ST-ZIP LE			Addition
CITY-ST-ZIP TITLE NAME	522 Pine Grove L. Naples FL 33940- D Phil Brucato 4415 Pelican Blvo	ne ane –8537 □DELETE	3 2 NA: 3 3 STF 3.4. CII 4 1 TITI 4. 2 NA 4.3 STF	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS			Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	522 Pine Grove L. Naples FL 33940- D Phil Brucato 4415 Pelican Blvo	ne ane –8537 □DELÉTE	3 2 NA: 3 3 STF 3 4 CI 4 1 TITI 4 2 NA 4 3 STF 4 4 CIT	TY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	522 Pine Grove L. Naples FL 33940- D Phil Brucato 4415 Pelican Blvo Cape Coral FL 33	n e a n e – 8 5 3 7 □ □ DELETE d 3 9 1 4	3 2 NA: 3 3 STF 3.4. CII 4 1 TITI 4. 2 NA 4.3 STF	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP E			Addition

600001913656 -08/06/96--01074--042 \*\*\*61.25 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indig fied 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 eath; 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 in oil an attachment with an address.

6.1 TITLE

62 NAME

5 3 STREET ADDRESS

6 3 STREET ADDRESS

6 4 CITY - ST - ZIP

5 4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

STAEET ADDRESS | 2432 Jasper Avenue

For, Myers FL

DELETE

☐ Addition