


FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23848** (7)  
1. Corporation Name

**SOUTHWEST FLORIDA SOCIETY OF THE INSTITUTE OF CERTIFIED FINANCIAL PLANNERS, INC.**



Principal Place of Business <b>POST OFFICE BOX 870 ESTERO FL 33928-0870</b>	Mailing Address <b>POST OFFICE BOX 870 ESTERO FL 33928-0870</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/14/1987</b>		3a. Date of Last Report <b>08/06/1996</b>	
21		26		4. FEI Number <b>59-2866257</b>		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ANDERS, JAMES</b> <b>17230 S. TAMiami TRAIL</b> <b>FT. MYERS FL 33908-4541</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GHAREEB, ELIZABETH A.</b>			1.2 NAME			
STREET ADDRESS	<b>12795 HUNTERS RIDGE DR.</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BONITA SPRINGS FL 33923-3437</b>			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ANDERS, JAMES</b>			2.2 NAME	<b>ANDERS, JAMES</b>		
STREET ADDRESS	<b>17230 S. TAMiami TRAIL</b>			2.3 STREET ADDRESS	<b>17230 S. TAMiami TRAIL</b>		
CITY-ST-ZIP	<b>FORT MYERS FL 33908</b>			2.4 CITY-ST-ZIP	<b>FORT MYERS FL 33908</b>		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>MCKAY, KELSEY</b>			3.2 NAME	<b>VERTICH, JAMES</b>		
STREET ADDRESS	<b>4501 TAMiami TRAIL NORTH</b>			3.3 STREET ADDRESS	<b>1510 ROYAL PALM SQUARE BLVD STE 103</b>		
CITY-ST-ZIP	<b>NAPLES FL 33940</b>			3.4 CITY-ST-ZIP	<b>FORT MYERS, FL 33919</b>		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>BRUCATO, PHIL</b>			4.2 NAME	<b>KINGSTON, JOHN</b>		
STREET ADDRESS	<b>4415 PELICAN BLVD.</b>			4.3 STREET ADDRESS	<b>6700 WINKLER RD STE 2</b>		
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>			4.4 CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MACILVAINE, WILLIAM</b>			5.2 NAME			
STREET ADDRESS	<b>522 PINE GROVE LANE</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NAPLES FL 33940-8537</b>			5.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ROSENBERG, LAWRENCE</b>			6.2 NAME	<b>ROSENBERG, LAWRENCE</b>		
STREET ADDRESS	<b>3635 WINKLER AVENUE, #724</b>			6.3 STREET ADDRESS	<b>3635 WINKLER AVENUE #724</b>		
CITY-ST-ZIP	<b>FT. MYERS FL 33916</b>			6.4 CITY-ST-ZIP	<b>FT. MYERS FL 33916</b>		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

CR2E037 (9/96)