

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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

Mailing Address

POST OFFICE BOX 870  
ESTERO FL 33928-0870

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ESTERO FL 33928-0870



3. Date Incorporated or Qualified

12/14/1987

4. FEI Number

59-2866257

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERS, JAMES**  
**17230 S. TAMiami TRAIL**  
**FT. MYERS FL 33908-4541**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☒ DELETE  
NAME **GHAREEB, ELIZABETH A.**  
STREET ADDRESS **12795 HUNTERS RIDGE DR.**  
CITY-ST-ZIP **BONITA SPRINGS FL 33923-3437**

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **APPLEGATE, JAMES H**  
1.3 STREET ADDRESS **6700 WINKLER RD, STE 2**  
1.4 CITY-ST-ZIP **FORT MYERS, FL 33919-0190**

TITLE **CD** ☐ DELETE  
NAME **ANDERS, JAMES**  
STREET ADDRESS **17230 S. TAMiami TRAIL**  
CITY-ST-ZIP **FORT MYERS FL**

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **33908-4541**

TITLE **VD** ☐ DELETE  
NAME **VERTICH, JAMES**  
STREET ADDRESS **1510 ROYAL PALM SQUARE BLVD STE 103**  
CITY-ST-ZIP **FT MYERS FL**

3.1 TITLE **PD** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP **33906-6617**

TITLE **SD** ☐ DELETE  
NAME **KINGSTON, JOHN**  
STREET ADDRESS **6700 WINKLER RD STE 2**  
CITY-ST-ZIP **FT MYERS FL**

4.1 TITLE **TD** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP **33919-0190**

TITLE **D** ☒ DELETE  
NAME **MACILVAINE, WILLIAM**  
STREET ADDRESS **522 PINE GROVE LANE**  
CITY-ST-ZIP **NAPLES FL 33940-8537**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE  
NAME **ROSENBERG, LAWRENCE**  
STREET ADDRESS **3635 WINKLER AVENUE, #724**  
CITY-ST-ZIP **FT. MYERS FL**

6.1 TITLE **CD** ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP **33906-6617**

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.

SIGNATURE:

*James Anders* **JAMES ANDERS, DIRECTOR** 4/14/98 2/17/98

CR2E037 (10/97)