

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23848

FILED
Mar 15, 2004
Secretary of State**Entity Name:** THE FINANCIAL PLANNING ASSOCIATION OF SOUTHWEST FLORIDA, INC.**Current Principal Place of Business:**C/O KOCH, DEES & TEETS 1:1, PA
212 W. VIRGINIA AVENUE, SUITE 112
PUNTA GORDA, FL 33950**New Principal Place of Business:**C/O LAW OFF OF MICHAEL I. MILLER
4223 DEL PRADO BLVD
CAPE CORAL, FL 33904 US**Current Mailing Address:**BRADLEY R TEETS
P.O. BOX 510610
PUNTA GORDA, FL 33951**New Mailing Address:**MICHAEL I. MILLER
P.O. BOX 1259
SANIBEL, FL 33957 US**FEI Number:** 59-2866257**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TEETS, BRADLEY R CPA/PFS
212 W. VIRGINIA AVENUE
112
PUNTA GORDA, FL 33950 US**Name and Address of New Registered Agent:**MILLER, MICHAEL I
2737 WEST GULF DR, APT 136
P.O. BOX 1259
SANIBEL, FL 33957 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL I. MILLER

03/15/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: TEETS, BRADLEY R
Address: P.O. BOX 510610
City-St-Zip: PUNTA GORDA, FL 33951

Title: D () Delete
Name: VERTICH, JAMES
Address: 1510 ROYAL PALM SQUARE BLVD STE 103
City-St-Zip: FT MYERS, FL 33906

Title: D () Delete
Name: GROFF, RICHARD M
Address: POST OFFICE BOX 1389
City-St-Zip: BONITA SPRINGS, FL 34133

Title: PD () Delete
Name: MATHESON, ROBERT P
Address: 4501 TAMiami TR, N., SUITE 200
City-St-Zip: NAPLES, FL 34103

Title: SD () Delete
Name: FOREMAN, ARLENE R
Address: 4841 SPRINGLINE DR
City-St-Zip: FT MYERS, FL 339194607

Title: D () Delete
Name: VAN VEEN, JACK
Address: 415 S. W. 53RD TERRACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MILLER, MICHAEL I
Address: P.O. BOX 1259
City-St-Zip: SANIBEL, FL 33957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL I. MILLER

TREA

03/15/2004

Electronic Signature of Signing Officer or Director

Date