## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N23848

FILED Mar 24, 2005 Secretary of State

Entity Name: THE FINANCIAL PLANNING ASSOCIATION OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business: 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: 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: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MILLER, MICHAEL I Name: Name: P.O. BOX 1259 Address: Address: City-St-Zip: SANIBEL, FL 33957 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete VERTICH, JAMES Name: REDDINGTON, JAMES Name: Address: 1510 ROYAL PALM SQUARE BLVD STE 103 Address: 3746 WEST GULF DRIVE City-St-Zip: FT MYERS, FL 33906 City-St-Zip: SANIBEL, FL 33957 Title: () Delete Title: (X) Change ( ) Addition GROFF, RICHARD M PECK, CAROLE J Name: Name: POST OFFICE BOX 1389 3301 BONITA BEACH RD, S. 208 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34133 City-St-Zip: BONITA SPRINGS, FL 34134 Title: PD ( ) Delete Title: () Change () Addition Name: MATHESON, ROBERT P Name: 4501 TAMIAMI TR, N., SUITE 200 Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: Title: () Delete Title: SD (X) Change ( ) Addition FOREMAN, ARLENE R STEINER, SUSAN P Name: Name: 4841 SPRINGLINE DR 2116 AMARGO WAY Address: Address: City-St-Zip: FT MYERS, FL 339194607 City-St-Zip: NAPLES, FL 34119 Title: () Delete Title: () Change () Addition VAN VEEN, JACK Name: Name: Address: 415 S. W. 53RD TERRACE Address: CAPE CORAL, FL 33914 City-St-Zip: 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 TD 03/24/2005