

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23848

FILED
Apr 08, 2009
Secretary of State

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

Current Principal Place of Business:

12800 UNIVERSITY DR.
SUITE 200
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

12800 UNIVERSITY DR.
SUITE 200
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 59-2866257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIERS, THOMAS B
24704 HOLLYBRIER LN
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

BELL, EDWARD
12800 UNIVERSITY DR
FORT MYERS, FL 33907 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: EDWARD BELL III

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BRIERS, THOMAS B
Address: 24704 HOLLYBRIER LN
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: TOMIN, CAROLYNN
Address: 3823 COTTON GREEN PATH DRIVE
City-St-Zip: NAPLES, FL 34114

Title: D () Delete
Name: PECK, CAROLE J
Address: 3301 BONITA BEACH RD, S. 208
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DP () Delete
Name: STEINER, SUE P
Address: 801 LAUREL OAK DR., SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: PORTER-MEDLEY, RENE
Address: 9430 BONITA BEACH RD., SUITE 201
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D (X) 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: BELL, EDWARD
Address: 16008 CUTTERS CT
City-St-Zip: FORT MYERS, FL 33907

Title: D (X) Change () Addition
Name: WHITE, SCOTT
Address: 1510 ROYAL PALM SQUARE BOULEVARD #103
City-St-Zip: FORT MYERS, FL 33919

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 exemption stated in Chapter 119, 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: EDWARD BELL

TD

04/08/2009

Electronic Signature of Signing Officer or Director

Date