
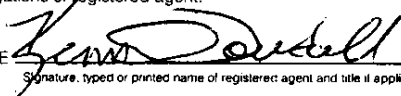
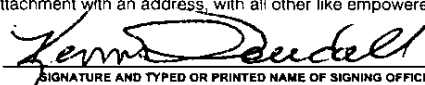


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90059 023 ****61.25

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|--|--|--|---|---|--|
| DOCUMENT # N25450 1. Entity Name FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF TAX PROFESSIONALS, INC. | | | |  | |
| Principal Place of Business 13015 SPRING HILL DR. SPRING HILL, FL 34609 US | | | Mailing Address 13015 SPRING HILL DR. SPRING HILL, FL 34609 US | | |
| 2. Principal Place of Business - No P.O. Box # 2745 E. Atlantic Blvd Suite, Apt. #, etc. # 306 | | 3. Mailing Address 2745 E. Atlantic Blvd Suite, Apt. #, etc. # 306 | | | |
| City & State Pompano Beach | | City & State Pompano Beach | | | |
| Zip FL 33062 | Country US | Zip FL 33062 | Country US | 4. FEI Number 59-2899541 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent RUDESTEDT, JOHN 13015 SPRING HILL DR SPRING HILL, FL 34609 | | | 7. Name and Address of New Registered Agent Name Dowdall, Kenneth Street Address (P.O. Box Number is Not Acceptable) 2745 E. Atlantic Blvd City Pompano Beach FL Zip Code 33062 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 1/17/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE P NAME RUDESTEDT, JOHN S <input checked="" type="checkbox"/> Delete STREET ADDRESS 13015 SPRING HILL DRIVE CITY-ST-ZIP SPRING HILL, FL 34609 | TITLE P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Dowdall, Kenneth STREET ADDRESS 2745 E. Atlantic Blvd #306 CITY-ST-ZIP Pompano Beach, FL 33062 | | | | |
| TITLE T <input type="checkbox"/> Delete NAME MILLER, STUART STREET ADDRESS 18551 N MIAMI AVENUE CITY-ST-ZIP MIAMI, FL 33169 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE D <input type="checkbox"/> Delete NAME BECTION, LELAND A STREET ADDRESS 1199 BRENTWOOD CT. CITY-ST-ZIP PORT ORANGE, FL 32129 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE D <input type="checkbox"/> Delete NAME WOOD, LAURA STREET ADDRESS 841 DOUGLAS AVE, STE 104 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Rudestedt, John STREET ADDRESS 13015 Spring Hill Dr CITY-ST-ZIP Spring Hill, FL 34609 | | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Eckhardt, Jr, Samuel STREET ADDRESS 1133 Glenwood Rd. CITY-ST-ZIP Deland, FL 32720-2133 | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | 1/17/07 9549411160 Date Daytime Phone # | | |