
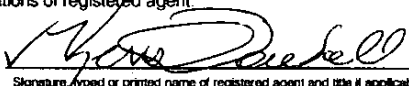
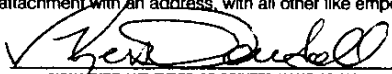


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90022 022 \*\*\*\*61.25

<b>DOCUMENT # N25450</b>					
<b>1. Entity Name</b> FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF TAX PROFESSIONALS, INC.					
<b>Principal Place of Business</b> 2745 E ATLANTIC BLVD #306 POMPANO BEACH, FL 34609 US			<b>Mailing Address</b> 2745 E. ATLANTIC BLVD 306 POMPANO BEACH, FL 33062 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 1701 E. Atlantic		<b>3. Mailing Address</b> 1701 E. Atlantic Blvd			
Suite, Apt. #, etc. # 4		Suite, Apt. #, etc. # 4			
City & State Pompano Bch, FL		City & State Pompano Bch, FL		<b>4. FEI Number</b> 59-2899541	
Zip 33060		Country USA		Zip 33060	
Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> DOWDALL, KENNETH 2745 E ATLANTIC BLVD POMPANO BEACH, FL 33062			<b>7. Name and Address of New Registered Agent</b> Name: Dowdall, Kenneth Street Address (P.O. Box Number is Not Acceptable): 1701 E. Atlantic Blvd #4 City: Pompano Beach FL Zip Code: 33060		
<b>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.</b>					
SIGNATURE: 			DATE: 1/14/07		
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> DOWDALL, KENNETH	<input type="checkbox"/> Delete	<b>TITLE</b> Dowdall, Kenneth	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 1701 E. Atlantic Blvd #4
<b>STREET ADDRESS</b> 2745 E ATLANTIC BLVD # 306	<b>CITY-ST-ZIP</b> SPRING HILL, FL 34609		<b>STREET ADDRESS</b> 1701 E. Atlantic Blvd #4	<b>CITY-ST-ZIP</b> Pompano Beach, FL 33060	
<b>TITLE</b> T	<b>NAME</b> MILLER, STUART	<input type="checkbox"/> Delete	<b>TITLE</b> S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Brosnan, Amy
<b>STREET ADDRESS</b> 18551 N MIAMI AVENUE	<b>CITY-ST-ZIP</b> MIAMI, FL 33169		<b>STREET ADDRESS</b> 13015 Spring Hill Drive	<b>CITY-ST-ZIP</b> SPRING HILL, FL 34609	
<b>TITLE</b> D	<b>NAME</b> BECTION, LELAND A	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1199 BRENTWOOD CT.	<b>CITY-ST-ZIP</b> PORT ORANGE, FL 32129		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> WOOD, LAURA	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 841 DOUGLAS AVE, STE 104	<b>CITY-ST-ZIP</b> ALTAMONTE SPRINGS, FL 32714		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> V	<b>NAME</b> RUDESTEDT, JOHN	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 13015 SPRING HILL DRIVE	<b>CITY-ST-ZIP</b> SPRING HILL, FL 34609		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> S	<b>NAME</b> ECKHARDT, SAMUEL JR	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Troy Eckhardt
<b>STREET ADDRESS</b> 1133 GLENWOOD RD	<b>CITY-ST-ZIP</b> DELAND, FL 32720		<b>STREET ADDRESS</b> 1133 Glenwood Rd	<b>CITY-ST-ZIP</b> DeLand, FL 32720	
<b>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.</b>					
<b>SIGNATURE:</b> 			<b>954-941-1160</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		