

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25450

FILED  
Jan 27, 2010  
Secretary of State

**Entity Name:** FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF TAX PROFESSIONALS, INC.

**Current Principal Place of Business:**

1701 E ATLANTIC  
4  
POMPANO BEACH, FL 33060 US

**New Principal Place of Business:**

13015 SPRING HILL DR.  
SPRING HILL, FL 34609 US

**Current Mailing Address:**

1701 E. ATLANTIC BLVD  
4  
POMPANO BEACH, FL 33060 US

**New Mailing Address:**

13015 SPRING HILL DR.  
SPRING HILL, FL 34609 US

**FEI Number:** 59-2899541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOWDALL, KENNETH  
1701 E ATLANTIC BLVD 4  
POMPANO BEACH, FL 33060 US

**Name and Address of New Registered Agent:**

BROSNAN, AMY  
13015 SPRING HILL DR.  
SPRING HILL, FL 34609 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: AMY E. BROSNAN

01/27/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BROSNAN, AMY  
Address: 13015 SPRING HILL DR.  
City-St-Zip: SPRING HILL, FL 34609 US

Title: T  
Name: MILLER, STUART  
Address: 18551 N MIAMI AVENUE  
City-St-Zip: MIAMI, FL 33169

Title: D  
Name: BECTON, LELAND A  
Address: 1199 BRENTWOOD CT.  
City-St-Zip: PORT ORANGE, FL 32129

Title: D  
Name: WOOD, LAURA  
Address: 841 DOUGLAS AVE, STE 104  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V  
Name: RUDESTEDT, JOHN  
Address: 13015 SPRING HILL DRIVE  
City-St-Zip: SPRING HILL, FL 34609

Title: S  
Name: TROY, ECKHARDT  
Address: 1133 GLENWOOD RD.  
City-St-Zip: DELAND, FL 32720 US

I hereby 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 all other like empowered.

SIGNATURE: AMY E. BROSNAN

PRES

01/27/2010

Electronic Signature of Signing Officer or Director

Date