FILE NOW: FILING FEE IS $61.25

APPROVED AND FILED

MAY 14

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26704

1. Corporation Name

TAMPA BAY CHAPTER OF THE INTERNATIONAL ASSOCIATI N FOR FINANCIAL PLANNING, INC.

Principal Place of Business	Mailing Address
CHRISTINE BROWN P.O. BOX 21491 TAMPA FL 33622-1491 US	~~NANCY A. LENTZ~~ ~~2645 CRAIG HOLLOW BLVD.~~ ~~WESLEY CHAPEL FL 33544-2025~~ ~~US~~

[redacted]

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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 Christine Brown	05/31/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 PO Box 21491	4. FEI Number 59-1792226 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Tampa FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 33622-1491 Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEREZ, JODI ~~8701 N. ROCKY POINT DRIVE~~ ~~7TH FLOOR~~ ~~TAMPA FL 33607~~	81 Name: Perez, Jodi 82 Street Address (P.O. Box Number Is Not Acceptable): 15961 N. Florida Ave. Suite C 83 84 City: Lutz, FL 85 Zip Code: 33549

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] 2/16/99
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	NESS, DAVID		1.2 NAME	Athanassie, Steve	
STREET ADDRESS	880 CARILLON PKWY		1.3 STREET ADDRESS	5328 Trouble Creek Rd	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE	P	☐ DELETE	2.1 TITLE	Pres.-Elect	☒ Change ☒ Addition
NAME	TOBIN, DAVID J.		2.2 NAME	Lynn Smeft	
STREET ADDRESS	700 CENTRAL AVE.		2.3 STREET ADDRESS	2701 N. Rocky Pt. Dr. #700	
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	C	☒ DELETE	3.1 TITLE	C	☒ Change ☐ Addition
NAME	SNYDER, GINGER R		3.2 NAME	David Tobin	
STREET ADDRESS	5010 W. KENNEDY BLVD.		3.3 STREET ADDRESS	100 Fountain Parkway	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	D	☐ DELETE	4.1 TITLE	Treasurer	☐ Change ☐ Addition
NAME	ZMISTOWSKI, MICHAEL J.		4.2 NAME	Jodi Perez	
STREET ADDRESS	~~5555 CENTRAL AVENUE, SUITE B~~ 5100 W. Kennedy Suite 152		4.3 STREET ADDRESS	15961 N Florida Ave, Suite C	
CITY-ST-ZIP	~~ST. PETERSBURG FL~~ Tampa, FL 33609	☒ DELETE	4.4 CITY-ST-ZIP	Lutz FL 33549	
TITLE	D		5.1 TITLE	D	☐ Change ☒ Addition
NAME	BAKER, CARLOS F.		5.2 NAME	Kurt Irmischer	
STREET ADDRESS	736 SIXTH ST, W		5.3 STREET ADDRESS	4570 Clearwater Harbor Dr.	
CITY-ST-ZIP	TIERRA VERDE FL		5.4 CITY-ST-ZIP	Largo, FL 33770	
TITLE	D	☐ DELETE	6.1 TITLE	Director	☐ Change ☒ Addition
NAME	ATHANASSIE, STEVE		6.2 NAME	John Ubare	
STREET ADDRESS	5328 TROUBLE CREEK RD		6.3 STREET ADDRESS	2261 Graveland Dr.	
CITY-ST-ZIP	NEW PORT RICHEY FL		6.4 CITY-ST-ZIP	Lutz, FL 33549	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 2/16/99 813-908-2701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)