


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N42292 1. Entity Name THE SOCIETY OF FINANCIAL SERVICE PROFESSIONALS, JACKSONVILLE CHAPTER, INC.	
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Principal Place of Business 4110 SOUTHPOINT BLVD #123 JACKSONVILLE, FL 32216 US	Mailing Address 4110 SOUTHPOINT BLVD #123 JACKSONVILLE, FL 32216 US
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DO NOT WRITE IN THIS SPACE

01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3052766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILKINSON, MARK 4110 SOUTHPOINT BLVD #123 JACKSONVILLE, FL 32216	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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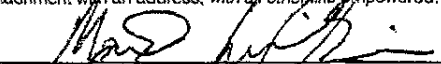
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADWISH, ROBERT W 183 OCEAN HOLLOW LANE ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHEINDER, JENNIE L 4929 ATLANTIC BLVD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILKINSON, MARK 4929 ATLANTIC BLVD. JAX, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JACK 6622 SOUTHPOINT DR S #495 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, JOHN M 5513 ROOSEVELT BLVD, #155 JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DICKERT, ROBERT 4190 BELFORT ROAD #150 JACKSONVILLE, FL 32216

**DO NOT WRITE
IN THIS SPACE**

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02/20/04-80014-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	MARK WILKINSON 2-16-04 904-470-4600 TREASURER	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			