



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90027 039 ****61.25

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|---|---|--|---|---|--|
| DOCUMENT # N42292 1. Entity Name THE SOCIETY OF FINANCIAL SERVICE PROFESSIONALS, JACKSONVILLE CHAPTER, INC. | | | |  | |
| Principal Place of Business 4110 SOUTHPOINT BLVD #123 JACKSONVILLE, FL 32216 US | | | Mailing Address 4110 SOUTHPOINT BLVD #123 JACKSONVILLE, FL 32216 US | | |
| 2. Principal Place of Business Suite; Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 4. FEI Number 59-3052766 | |
| Zip | | Country | | 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 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | P BRADWISH, ROBERT W 183 OCEAN HOLLOW LANE ST. AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Bob Isham P.O. Box 57413 Jacksonville, FL 32241 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SCHEINDER, JENNIE L 4929 ATLANTIC BLVD JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secre Sandra Robblee 3342 Kori Road Jacksonville, FL 32257 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WILKINSON, MARK 4929 ATLANTIC BLVD. JAX, FL 32207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4110 southpoint Blvd, ste 123 Jacksonville, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, JACK 6622 SOUTHPOINT DR S #195 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3073 Amellia Drive Jacksonville, FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAMILTON, JOHN M 5513 ROOSEVELT BLVD, #155 JACKSONVILLE, FL 32244 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DICKERT, ROBERT 4190 BELFORT ROAD #150 JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. 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 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: <u>MARK WILKINSON</u> <u>Treasurer</u> <u>4-4-05</u> <u>904-470-4010</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |