

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42292

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** SOCIETY OF FINANCIAL SERVICE PROFESSIONALS, NORTHEAST FLORIDA CHAPTER, INC.

**Current Principal Place of Business:**

4110 SOUTHPOINT BLVD  
#123  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

4110 SOUTHPOINT BLVD  
#123  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

**FEI Number:** 59-3052766

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILKINSON, MARK  
4110 SOUTHPOINT BLVD #123  
JACKSONVILLE, FL 32216 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PE  
Name: WORDELL, MICHELLE  
Address: 1301 RIVERPLACE BLVD #2540  
City-St-Zip: JACKSONVILLE, FL 32207

Title: P  
Name: BROOME, PAUL  
Address: 1721 BLANDING BLVD STE 101  
City-St-Zip: JACKSONVILLE, FL 32210

Title: T  
Name: WILKINSON, MARK  
Address: 4110 SOUTHPOINT BLVD, STE 123  
City-St-Zip: JACKSONVILLE, FL 32216

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: MARK WILKINSON

T

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date