

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 17 1996 8:00 am
Secretary of State

DOCUMENT # **N42884** (9)

1. Corporation Name

THE TAMPA BAY SOCIETY OF THE INSTITUTE OF CERTIFIED FINANCIAL PLANNERS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 197
DUNEDIN FL 34697-0197
US

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DUNEDIN FL 34697-0197
US

3. Date Incorporated or Qualified
04/08/1991

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3060484

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, STANTON D.
2420 ENTERPRISE RD.
SUITE 101
CLEARWATER FL 34623**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed 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 ☒ DELETE
NAME **D WINN, RICHARD C.**
STREET ADDRESS **13821 JOYCE DRIVE**
CITY - ST - ZIP **LARGO FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D ALKIRE, CHARLES G.**
STREET ADDRESS **7061 S. TAMiami TRAIL**
CITY - ST - ZIP **SARASOTA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D FREY, ROBERT H.**
STREET ADDRESS **610 S. BLVD., SUITE 100-C**
CITY - ST - ZIP **TAMPA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D SMITH, STANTON D.**
STREET ADDRESS **2420 ENTERPRISE RD., SUITE 101**
CITY - ST - ZIP **CLEARWATER FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **D SMITH, STANTON D.**
4.3 STREET ADDRESS **2420 ENTERPRISE RD, SUITE 101**
4.4 CITY - ST - ZIP **CLEARWATER, FL 34623**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D RUHRUP, KENNETH R.**
5.3 STREET ADDRESS **1808 NORTHWOOD DR**
5.4 CITY - ST - ZIP **CLEARWATER, FL 34624**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D HUBBS, A. PERRY**
6.3 STREET ADDRESS **116 N. PINELLAS AVE.**
6.4 CITY - ST - ZIP **TARPON SPRINGS, FL 34689**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0015662

CR2E037 (3/96)