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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

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

3. Date Incorporated or Qualified

04/08/1991

4. FEI Number

59-3060484

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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 **33763**

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

TITLE **D** ☐ DELETE

NAME **RUHRUP, KENNETH R**
STREET ADDRESS **1808 NORTHWOOD DR.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☒ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

NAME **HUBBS, A. P**
STREET ADDRESS **116 N. PINELLAS AVE.**
CITY-ST-ZIP **TARPOIN SPRINGS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

Stanton D. Smith **REQUIRED**

01/07/98

813-726-0266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000-0000

CR2E037 (10/97)