

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 JAN 24 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002397 (6)

1. Corporation Name

THE FLORIDA CHAPTER OF THE FINANCIAL MANAGERS SOCIETY, INC.



Principal Place of Business

Mailing Address

102 WEST BAKER STREET
PLANT CITY FL 33564-9056

102 WEST BAKER STREET
PLANT CITY FL 33564-9056

3. Date Incorporated or Qualified

05/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

☒ 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

BROWN, ROBERT P
102 WEST BAKER STREET
PLANT CITY FL 33564-9056

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 D ☐ DELETE
NAME ALLEN, PAUL S
STREET ADDRESS 930 WOODCOCK ROAD, SUITE 211
CITY-ST-ZIP ORLANDO FL 32801

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1000001707421
-02/06/96--01052--010

TITLE D ☐ DELETE
NAME BROWN, ROBERT P
STREET ADDRESS 102 WEST BAKER STREET
CITY-ST-ZIP PLANT CITY FL 33564-9056

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

TITLE D ☐ DELETE
NAME GREEN, JEFF
STREET ADDRESS 201 S. ORANGE AVE., SUITE 950
CITY-ST-ZIP ORLANDO FL 32801-3421

3.1 TITLE D + P ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME HYDER, SUZANNE
STREET ADDRESS 2415 N. ORANGE AVE.
CITY-ST-ZIP ORLANDO FL 32804

4.1 TITLE D + V ☐ Change ☒ Addition
4.2 NAME Hawthorne, Kenneth
4.3 STREET ADDRESS 205 E. Orange St.
4.4 CITY-ST-ZIP Lakeland, FL 33801

TITLE D ☐ DELETE
NAME TOMMY, ROBERT
STREET ADDRESS 5802 BENJAMIN CENTER DRIVE
CITY-ST-ZIP TAMPA FL 33634-5204

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 #

CR2E037 (12/95)