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Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 33564-9056102 WEST BAKER STREET
PLANT CITY FL 33566-3306

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified
05/18/19953a. Date of Last Report
01/24/1996

4. FEI Number

-APPLIED FOR 59-3356327

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

TITLE D ☐ DELETE
NAME ALLEN, PAUL S
STREET ADDRESS 930 WOODCOCK ROAD, SUITE 211
CITY-ST-ZIP ORLANDO FL 32801TITLE D ☐ DELETE
NAME BROWN, ROBERT P
STREET ADDRESS 102 WEST BAKER STREET
CITY-ST-ZIP PLANT CITY FL 33564-9056TITLE DP ☒ DELETE
NAME GREEN, JEFF
STREET ADDRESS 201 S. ORANGE AVE., SUITE 950
CITY-ST-ZIP ORLANDO FL 32801-3421TITLE DV ☐ DELETE
NAME HAWTHORNE, KENNETH
STREET ADDRESS 205 E. ORANGE ST.
CITY-ST-ZIP LAKELAND FL 33801TITLE D ☐ DELETE
NAME TOMMY, ROBERT
STREET ADDRESS 5802 BENJAMIN CENTER DRIVE
CITY-ST-ZIP TAMPA FL 33634-5204TITLE ☐ 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-ZIP2.1 TITLE D/T ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE D/P ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Robert P. Brown ROBERT P. BROWN

1/6/97

813-752-6193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0046138

CR2E037 (9/96)