

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002565

FILED
Feb 20, 2004
Secretary of State**Entity Name:** THE FLORIDA CFA LEGISLATIVE COMMITTEE INC.**Current Principal Place of Business:**130 N NOVA RD
#135
ORMOND BEACH, FL 32174**New Principal Place of Business:****Current Mailing Address:**130 N NOVA RD
#135
ORMOND BEACH, FL 32174**New Mailing Address:****FEI Number:** 65-0584898**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCOTT, TANI
25 AUTUMNWOOD TRAIL
ORMOND BEACH, FL 32174 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:** CPD () Delete
Name: HAWK, PATRICIA
Address: 320 E. BERESFORD AVE.
City-St-Zip: DELAND, FL 32724**Title:** SD () Delete
Name: HERHOLD, SUZAN
Address: 515 N RIVER OAKS DR
City-St-Zip: INDIALANTIC, FL**Title:** D () Delete
Name: BILELLO, RICHARD C
Address: 5528 NW 79TH WAY
City-St-Zip: PARKLAND, FL 33067**Title:** TD () Delete
Name: SCOTT, TANI
Address: 25 AUTUMNWOOD TR
City-St-Zip: ORMOND BEACH, FL 32174**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TANI SCOTT

TD

02/20/2004

Electronic Signature of Signing Officer or Director_____
Date