


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000001705</b> 1. Entity Name <b>FLORIDA SOCIETY OF PROFESSIONAL ACCOUNTANTS, INC.</b>	
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Principal Place of Business <b>250 CR 427 S SUITE 100 LONGWOOD, FL 32750 US</b>	Mailing Address <b>250 CR 427 S SUITE 100 LONGWOOD, FL 32750 US</b>
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03012006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3368101</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CROUCH, M.R. 2002 SEPLER DRIVE FERN PARK, FL 32730-3111</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURRAY, EDWARD 129 HIBISCUS BLVD., STE. Q MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRESLEY, SYLVIA C 250 CR 427S STE 100 LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD CROUCH, MERCILL R 2002 SEPLER DRIVE FERN PARK, FL 327303111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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1100130456332  
113/16/116-80027-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. R. Crouch, M.R. Crouch 3/1/06 (407) 834-1742  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #