2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003675

FILED Jul 06, 2006 Secretary of State

Entity Name: FLORIDA PUBLIC FINANCE FORUM, INC. **Current Principal Place of Business: New Principal Place of Business:** 2308 TOUR EIFFEL DRIVE TALLAHASSEE, FL 32308 **Current Mailing Address: New Mailing Address:** 2308 TOUR EIFFEL DRIVE TALLAHASSEE, FL 32308 FEI Number: 59-3458593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOWDY, RICHARD C 2308 TOUR EIFFEL DRIVE TALLAHASSEE, FL 32308 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ALLEN, PHILLIP C Name: Name: 115 S. ANDREWS AVE. ROOM 121 Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33301 City-St-Zip: Title: () Delete Title: () Change () Addition INZER, ROBERT B Name: Name: Address: 300 S. ADAMS ST. Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: () Delete Title: () Change () Addition WINTERKAMP, FRED M Name: Name: 445 W. AMELIA ST. ELC4 Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MERRILL, MICHAEL S Name: 601 E. KENNEDY BLVD. 26TH FLOOR Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: SVP Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD C. DOWDY RΑ 07/06/2006

OWENS, MITCHELL N

JACKSONVILLE, FL 32202

ONE INDEPENDENT DR. STE. 2502

Name:

Address:

City-St-Zip: