

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 APR 29 PM 1:52

STATE OF FLORIDA TALLAHASSEE, FLORIDA

DOCUMENT # N98000001810

1. Corporation Name

The Investment Advisers Association of Florida, Inc.

Principal Place of Business

7001 SW 24th Avenue Gainesville, Fl 32607

Mailing Address

7001 SW 24th Avenue Gainesville, Fl 32607

2. Principal Place of Business

21 7001 SW 24th Ave.

Suite, Apt. #, etc.

22 City & State

23 Gainesville, Florida

Zip

24 32607

2a. Mailing Address

26 7001 SW 24th Ave

Suite, Apt. #, etc.

27 City & State

28 Gainesville, Florida

Zip

29 32607

3. Date Incorporated or Qualified

3/30/98

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

9. Name and Address of Current Registered Agent

Lance D. Mackenzie 7001 SW 24th Avenue Gainesville, Florida 32607

10. Name and Address of New Registered Agent

81 Name Lance D. Mackenzie 82 Street Address (P.O. Box Number is Not Acceptable) 7001 SW 24th Avenue 83 84 City Gainesville, FL 85 Zip Code 32607

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 NAME STREET ADDRESS CITY-ST-ZIP

President Lance D. Mackenzie 7001 SW 24th Avenue Gainesville, Fl 32607

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP

91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP

01 TITLE 02 NAME 03 STREET ADDRESS 04 CITY-ST-ZIP

101 TITLE 102 NAME 103 STREET ADDRESS 104 CITY-ST-ZIP

1101 TITLE 1102 NAME 1103 STREET ADDRESS 1104 CITY-ST-ZIP

1201 TITLE 1202 NAME 1203 STREET ADDRESS 1204 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lance D. Mackenzie

4/20/99

(352) 332-9014

CR2E037 (11/98)