

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007676

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE FINANCIAL PLANNING ASSOCIATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

250 S RONALD REAGAN BLVD
SUITE 100
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

PO BOX 520310
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-3629672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESLEY, SYLVIA
250 S RONALD REAGAN BLVD STE 100
LONGWOOD, FL 32750 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: D () Delete
Name: AUSLANDER, PAUL
Address: 3361 ROUSE RD STE 135
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: FITZGERALD III, CHARLES
Address: 601 S LAKE DESTINY RD, STE 165
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: PRESLEY, SYLVIA
Address: 250 CR 427 SO., STE 100
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: TOADVINE, CHRIS
Address: 1900 SUMMIT TOWER BLVD STE 230
City-St-Zip: ORLANDO, FL 32810

Title: D (X) Delete
Name: KOVACH, DENISE
Address: 1111 DOUGLAS AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Delete
Name: BOYCE, MATTHEW
Address: 3361 ROUSE RD STE 135
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KOVACH, DENISE
Address: 1111 DOUGLAS AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Change () Addition
Name: CONRAD, JUDY
Address: 433 WEKIVA COVE ROAD
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change () Addition
Name: PRESLEY, SYLVIA
Address: 250 S RONALD REAGAN BLVD. STE 100
City-St-Zip: LONGWOOD, FL 32750

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 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.

SIGNATURE: SYLVIA C PRESLEY

SEC

04/28/2009

Electronic Signature of Signing Officer or Director

Date