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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **705275** (6)
1. Corporation Name
FLORIDA SOCIETY OF ASSOCIATION EXECUTIVES, INC.



Principal Place of Business 106 E. COLLEGE AVE 810 TALLAHASSEE FL 32301 US	Mailing Address P.O. BOX 11119 TALLAHASSEE FL 32302-3119 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 03/04/1963	3a. Date of Last Report 05/23/1996
4. FEI Number 59-6140583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BURCHNELL, TOM 106 E COLLEGE AVE SUITE 810 TALLAHASSEE FL 32301	
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10. Name and Address of New Registered Agent	
81 Name Sharon G. Heierman	
82 Street Address (P.O. Box Number is Not Acceptable) 106 E College Ave	
83 Suite Suite 810	
84 City Tallahassee	85 Zip Code FL 32301

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 *Sharon G. Heierman* **EVP** DATE **4-25-97**
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE VD	<input type="checkbox"/> DELETE
NAME BELROSE, BRUCE R	
STREET ADDRESS 100 E. JEFFERSON ST	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE PD	<input type="checkbox"/> DELETE
NAME PHELAN, WILLIAM J	
STREET ADDRESS 307 W. PARK AVENUE	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME GUZAK, SHELLEY L	
STREET ADDRESS 3 INDEPENDENT DR.	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME BERRY, NANCY	
STREET ADDRESS 222 S. WESTMONTE DR., #101	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
TITLE D	<input type="checkbox"/> DELETE
NAME BEDNERIK, JON C	
STREET ADDRESS 558 S. OSPREY AVE	
CITY-ST-ZIP SARASOTA FL	
TITLE PEO	<input type="checkbox"/> DELETE
NAME BRAINERD, JAMES S ESQ.	
STREET ADDRESS 3159 SHAMROCK S.	
CITY-ST-ZIP TALLAHASSEE FL 32308	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Scovotto, Lawrence E.	
3.3 STREET ADDRESS 200 E. Granada Blvd #203	
3.4 CITY-ST-ZIP Ormond Beach, FL 32176	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Sharon G. Heierman* **4-25-97** **904-884-7713**
222-7994

CR2E037 (9/96)

**Addendum to The Florida Society of Association Executives, Inc.
Corporation Annual Report - 1997 Document #705275**

PED

**Golden, Robert E.
3200 N Military Trail #100
Boca Raton, FL 33431**

VD

**Hunter, William D.
123 S Calhoun St., Ste. 350
Tallahassee, FL 32301**

D

**Edwards, Kathleen M.
6095 NW 167th St.
Hialeah, FL 33015**