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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 705275

1. Corporation Name

FLORIDA SOCIETY OF ASSOCIATION EXECUTIVES, INC.

Principal Place of Business

231 LAFAYETTE CIR
TALLAHASSEE FL 32303
US

Mailing Address

P.O. BOX 11119
TALLAHASSEE FL 32302
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

03/04/1963

4. FEI Number

59-6140583

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

HEIERMAN, SHARON G
231 LAFAYETTE CIR
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 P ☐ DELETE

NAME GOLDEN, ROBERT E
STREET ADDRESS 3200 N MILITARY TRL, #100
CITY-ST-ZIP BOCA RATON FL 3341

TITLE VP ☐ DELETE

NAME BELROSE, BRUCE R
STREET ADDRESS 100 E JEFFERSON ST
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D ☐ DELETE

NAME SCOVOTTO, LAWRENCE E
STREET ADDRESS 140 S ATLANTIC AVE, #303
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE D ☒ DELETE

NAME BRAINERD, JAMES S
STREET ADDRESS 3159 S SHAMROCK
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE S ☐ DELETE

NAME LYNN, DIANNE W
STREET ADDRESS 650 APALACHEE PKY
CITY-ST-ZIP TALLAHASSEE FL 32399

TITLE D ☐ DELETE

NAME HUNTER, WILLIAM D
STREET ADDRESS 123 S CALHOUN ST, #350
CITY-ST-ZIP TALLAHASSEE FL 32301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PP ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VP ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE T ☐ Change ☒ Addition

4.2 NAME JON BEONERIK
4.3 STREET ADDRESS 558 S. Dsprey Ave.
4.4 CITY-ST-ZIP SARASOTA, FL 34236-7525

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE P ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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: *W. Hunter* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99

Date

Daytime Phone #

CR2E037 (11/98)