

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 705275

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: FLORIDA SOCIETY OF ASSOCIATION EXECUTIVES, INC.

Current Principal Place of Business:

231 LAFAYETTE CIR
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11119
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-6140583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRENO, LINDA S
231 LAFAYETTE CIR
TALLAHASSEE, FL 32303 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: PE () Delete
Name: BEDNERIK, JON C
Address: 558 S OSPREY AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: MCRAE, HERBERT W
Address: P O BOX 12187
City-St-Zip: TALLAHASSEE, FL 32317

Title: P () Delete
Name: SCOVOTTO, LAWRENCE E
Address: 140 S ATLANTIC AVE, #303
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP () Delete
Name: WAITS, TOMMY A
Address: P O BOX 1529
City-St-Zip: TALLAHASSEE, FL 32302

Title: D () Delete
Name: ADAMS, MARGO S
Address: 521 E PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: CALABRO, DOMINIC
Address: P O BOX 10209
City-St-Zip: TALLAHASSEE, FL 32302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BEDNERIK, JON C
Address: 558 S OSPREY AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: D (X) Change () Addition
Name: STEPHENS, NANCY D
Address: 1311 EXECUTIVE CENTER DR. #225
City-St-Zip: TALLAHASSEE, FL 32301

Title: PP (X) Change () Addition
Name: SCOVOTTO, LAWRENCE E
Address: 140 S ATLANTIC AVE, #303
City-St-Zip: ORMOND BEACH, FL 32176

Title: PE (X) Change () Addition
Name: WAITS, TOMMY A
Address: P O BOX 1529
City-St-Zip: TALLAHASSEE, FL 32302

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 for the exemption stated in Section 119.07(3)(i), 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: LINDA S CHRENO

RA

04/29/2002

Electronic Signature of Signing Officer or Director

Date