

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 706785 (3)

95 APR 12 PM 11:42

1. Corporation Name
FLORIDA STATE ASSOCIATION OF SUPERVISORS OF ELECTIONS, INC.

Principal Place of Business Mailing Address
P.O. BOX 100 QUINCY FL 32353 US **P.O. BOX 100 QUINCY FL 32353 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **P. O. Box 1000** 26 **P. O. Box 1000**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 **City & State Bradenton, Florida** 28 **City & State Bradenton, Florida**
24 **Zip 34206** 25 **Country USA** 29 **Zip 34206** 30 **Country USA**

3. Date Incorporated or Qualified **02/03/1964** 3a. Date of Last Report **03/21/1994**
4. FEI Number **59-2287743** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LABASKY, RONALD A.
318 N. MONROE ST
TALLAHASSEE FL 32301**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PP
NAME	KOESTER, JOANNE E
STREET ADDRESS	00 SOUTH WASHINGTON BLVD.
CITY - ST - ZIP	SARASOTA FL
TITLE	P
NAME	HUTCHINSON, DENNY
STREET ADDRESS	18 S. MADISON STREET
CITY - ST - ZIP	QUINCY FL
TITLE	PE
NAME	SWEAT, BOB
STREET ADDRESS	305 FIFTEENTH STREET WEST
CITY - ST - ZIP	BRADENTON FL
TITLE	VP
NAME	WINCHESTER, JACQUELINE
STREET ADDRESS	301 NORTH OLIVE AVE, ROOM 105
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	S
NAME	BROWN, DEE
STREET ADDRESS	402 SE 25TH AVENUE
CITY - ST - ZIP	OCALA FL
TITLE	T
NAME	HALYBUTON, PENNY
STREET ADDRESS	49 KING STREET
CITY - ST - ZIP	ST. AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Denny Hutchinson	
1.3 STREET ADDRESS	16 S. Madison St.	
1.4 CITY - ST - ZIP	Quincy, FL 32351	
2.1 TITLE	P (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bob Sweat	
2.3 STREET ADDRESS	305 15th St., W.	
2.4 CITY - ST - ZIP	Bradenton, FL 34205	
3.1 TITLE	P/E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jackie Winchester	
3.3 STREET ADDRESS	301 N. Olive Ave.	
3.4 CITY - ST - ZIP	West Palm Beach, FL 33401	
4.1 TITLE	V/P (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Penny Halyburton	
4.3 STREET ADDRESS	49 King St.	
4.4 CITY - ST - ZIP	St. Augustine, FL 32084	
5.1 TITLE	S (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dee Brown	
5.3 STREET ADDRESS	402 SE 25th Ave.	
5.4 CITY - ST - ZIP	Ocala, FL 34471	
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Patricia Hollarn	
6.3 STREET ADDRESS	1804 Lewis Turner Blvd.	
6.4 CITY - ST - ZIP	Ft. Walton Beach, FL 32547	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(k), 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 partner 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 in an attachment with an address.

SIGNATURE: *[Signature]* 3/23/95 222-3730
SIGNATURE AND TYPED OR PRINTED NAME OF CHAIRMAN, OFFICER OR DIRECTOR Date Daytime Phone #