

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 706785 (3)

1. Corporation Name

FLORIDA STATE ASSOCIATION OF SUPERVISORS OF ELECTIONS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 186  
QUINCY FL 32353  
US

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QUINCY FL 32353  
US

3. Date Incorporated or Qualified  
02/03/1964

3a. Date of Last Report  
04/12/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 318 N. Monroe St.		26 P. O. Box 660		59-2287743 59-3348295		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23 Tallahassee, FL 32301		28 Tallahassee, FL 32302		24 32301		25 USA	
Zip		Zip		29 32302		30 USA	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LABASKY, RONALD A.  
318 N. MONROE ST  
TALLAHASSEE FL 32301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PP HUTCHINSON, DENNY <input type="checkbox"/> DELETE	1.1 TITLE	PD Jackie Winchester <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, DENNY	1.2 NAME	Jackie Winchester
STREET ADDRESS	16 S. MADISON ST.	1.3 STREET ADDRESS	301 N. Olive Ave., Room 105
CITY-ST-ZIP	QUINCY FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	PD SWEAT, BOB <input type="checkbox"/> DELETE	2.1 TITLE	PE Penny Halyburton <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEAT, BOB	2.2 NAME	Penny Halyburton
STREET ADDRESS	305 15TH ST., W.	2.3 STREET ADDRESS	99 Cordova St.
CITY-ST-ZIP	BRANDENTON FL	2.4 CITY-ST-ZIP	St. Augustine, FL 32085
TITLE	PE WINCHESTER, JACKIE <input type="checkbox"/> DELETE	3.1 TITLE	VP Dee Brown <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINCHESTER, JACKIE	3.2 NAME	Dee Brown
STREET ADDRESS	301 N. OLIVE AVE.	3.3 STREET ADDRESS	402 SE 25th Ave.
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	Ocala, FL 34478
TITLE	VP HALYBURTON, PENNY <input type="checkbox"/> DELETE	4.1 TITLE	SD Gertrude Walker <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALYBURTON, PENNY	4.2 NAME	Gertrude Walker
STREET ADDRESS	49 KING ST.	4.3 STREET ADDRESS	2300 Virginia Ave.
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP	Ft. Pierce, FL 34982
TITLE	SD BROWN, DEE <input type="checkbox"/> DELETE	5.1 TITLE	TD Pat Hollarn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DEE	5.2 NAME	Pat Hollarn
STREET ADDRESS	402 SE 25TH AVENUE	5.3 STREET ADDRESS	1804 Lewis Turner, Blvd., Suite 404
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32547
TITLE	T HOLLARN, PATRICIA <input type="checkbox"/> DELETE	6.1 TITLE	PP Bob Sweat <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLARN, PATRICIA	6.2 NAME	Bob Sweat
STREET ADDRESS	1804 LEWIS TURNER BLVD.	6.3 STREET ADDRESS	16 S. Madison St.
CITY-ST-ZIP	FT. WALTON BEACH FL	6.4 CITY-ST-ZIP	Quincy, FL 32351

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 119.07(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 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: Jackie Winchester Joe Kiew Winchester 4-8-96 407-355-2650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (12/95)