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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706785
1. Corporation Name

FLORIDA STATE ASSOCIATION OF SUPERVISORS OF ELECTIONS, INC.

Principal Place of Business	Mailing Address
P. O. Box 669 Tallahassee, FL 32302 US	P. O. Box 669 Tallahassee, FL 32302 US

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-05/06/97--01106--005
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	02/03/1964	4/8/96
22 Suite Apt #, etc	27 Suite Apt #, etc.	4. FEI Number	Applied For
23 City & State	28 City & State	59-3348295	Not Applicable
24 Zip	29 Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country	30 Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jackie Winchester	1.2 NAME	Ronald A. Labasky
STREET ADDRESS	301 N. Olive Ave., Room 105	1.3 STREET ADDRESS	318 N. Monroe St.
CITY-ST-ZIP	West Palm Beach, FL 33401 <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Penny Halyburton	2.2 NAME	Penny Halyburton
STREET ADDRESS	99 Cordova St.	2.3 STREET ADDRESS	4455 Ave. A, Suite 101
CITY-ST-ZIP	St. Augustine, FL 32085	2.4 CITY-ST-ZIP	St. Augustine, FL 32085 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	PE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dee Brown	3.2 NAME	Dee Brown
STREET ADDRESS	402 SE 25th Ave.	3.3 STREET ADDRESS	402 S.E. 25th Ave.
CITY-ST-ZIP	Ocala, FL 34478	3.4 CITY-ST-ZIP	Ocala, FL 34478 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gertrude Walker	4.2 NAME	Pat Hollarn
STREET ADDRESS	2300 Virginia Ave.	4.3 STREET ADDRESS	1804 Lewis Turner Blvd., Suite 404
CITY-ST-ZIP	Ft. Pierce, FL 34982 <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pat Hollarn	5.2 NAME	Dot Ruggles
STREET ADDRESS	1804 Lewis Turner Blvd., Suite 404	5.3 STREET ADDRESS	315 Court St.
CITY-ST-ZIP	Ft. Walton Beach, FL 32547 <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	Clearwater, FL 34616 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PP <input type="checkbox"/> DELETE	6.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Sweat	6.2 NAME	Peggy Robbins
STREET ADDRESS	16 S. Madison St.	6.3 STREET ADDRESS	100 E. Ocean Blvd.
CITY-ST-ZIP	Quincy, FL 32351	6.4 CITY-ST-ZIP	Stuart, FL 34994

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 419.07(9)(b), 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, changed, or on an attachment with an address.

SIGNATURE: Ronald Labasky 4-29-97 904-222-3730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)