

FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 706785 (3)**

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



Principal Place of Business <b>P.O. BOX 669 TALLAHASSEE FL 32302 US</b>	Mailing Address <b>P.O. BOX 669 TALLAHASSEE FL 32302 US</b>
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3. Date Incorporated or Qualified <b>02/03/1964</b>	
4. FEI Number <b>80-2287743 59-3348295</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	30

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	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

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LABASKY, RONALD A</b>
STREET ADDRESS	<b>318 N. MONROE STREET</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>HALYBURTON, PENNY</b>
STREET ADDRESS	<b>4455 AVE. A., SUITE 101</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>
TITLE	<b>PE</b> <input type="checkbox"/> DELETE
NAME	<b>BROWN, DEE</b>
STREET ADDRESS	<b>402 S.E. 25TH AVE.</b>
CITY-ST-ZIP	<b>OCALA FL 34478</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>HOLLARN, PAT</b>
STREET ADDRESS	<b>1804 LEWIS TURNER BLVD., SUITE 404</b>
CITY-ST-ZIP	<b>FT. WALTON BEACH FL 32547</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>RUGGLES, DOT</b>
STREET ADDRESS	<b>315 COURT ST.</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34618</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>ROBBINS, PEGGY</b>
STREET ADDRESS	<b>100 E. OCEAN BLVD.</b>
CITY-ST-ZIP	<b>STUART FL 34994</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>500002523925</b>
1.3 STREET ADDRESS	<b>-05/14/98--01088--028</b>
1.4 CITY-ST-ZIP	<b>***61.25</b>
2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BROWN, DEE</b>
2.3 STREET ADDRESS	<b>P.O. Box 289 - 402 S.E. 25th Ave.</b>
2.4 CITY-ST-ZIP	<b>Ocala, FL 34478 (34471)</b>
3.1 TITLE	<b>PE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>HOLLARN, PAT</b>
3.3 STREET ADDRESS	<b>1804 Lewis Turner Blvd., Suite 404</b>
3.4 CITY-ST-ZIP	<b>Ft. Walton Beach, FL 32547</b>
4.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>RUGGLES, DOT</b>
4.3 STREET ADDRESS	<b>315 Court St.</b>
4.4 CITY-ST-ZIP	<b>Clearwater, FL 33756</b>
5.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>IORIO, PAM</b>
5.3 STREET ADDRESS	<b>601 E. Kennedy Blvd., 16th Floor</b>
5.4 CITY-ST-ZIP	<b>Tampa, FL 33602</b>
6.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>JONES, BONNIE</b>
6.3 STREET ADDRESS	<b>P.O. Box 12601 - 223 S. Palafox Place</b>
6.4 CITY-ST-ZIP	<b>Pensacola, FL 32574 (32501)</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 \_\_\_\_\_

4/22/98

CR2E037 (10/97)