

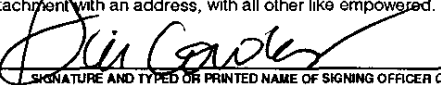


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 706785 1. Entity Name FLORIDA STATE ASSOCIATION OF SUPERVISORS OF ELECTIONS, INC.						FILED 04 APR 29 PM 4:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business P.O. BOX 271 TALLAHASSEE, FL 32302 US				Mailing Address P.O. BOX 271 TALLAHASSEE, FL 32302 US			
2. Principal Place of Business		3. Mailing Address		03312004 Chg-NP CR2E037 (10/03)		4. FEI Number 59-3348295	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LABASKY, RONALD A. 310 WEST COLLEGE AVENUE TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD BRYANT, DONNA 370 N. BEAUMONT N. KISSIMMEE, FL 34702			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARBARA KIRKMAN 1417-1 S. ORANGE AV. GREEN COVE SPRINGS, FL 32043-0357		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COWLES, BILL 119 W. KALEY STREET ORLANDO, FL 32806			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED 300035734085 05/07/04--01019--027 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLEM, KAY 1890 25TH ST, STE N-109 VERO BEACH, FL 32960			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEFORE, THERESA 301 N. OLIVE AVE WEST PALM BEACH, FL 33401			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GILL, SUSAN 120 N. APOKA AVE. INVERNESS, FL 34450			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAUGHAN, TERRY 925-C N. TEMPLE AVE. STARKE, FL 32091			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				April 27, 2004 407-254-6500			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			