

FILE NOW: FILING FEE AFTER MAY 17 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

95 APR -3 PM 6:02

DOCUMENT # **744469 (8)**

1. Corporation Name

FLORIDA SOCIETY OF ENROLLED AGENTS, INC.

Principal Place of Business

Mailing Address

3212 SOUTH GATE CIRCLE
P. O. BOX 547128
SARASOTA FL 34239

3212 SOUTH GATE CIRCLE
P. O. BOX 547128
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/04/1978

04/06/1994

4. FEI Number

Applied For

59-1853783

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

2. Principal Place of Business

2a. Mailing Address

21 KATHERINE SORENSEN

26 KATHERINE SORENSEN

22 Suite, Apt, etc. 1590 GAY RD.

27 Suite, Apt, etc. 1590 GAY RD.

23 City & State WINTER PARK, FL.

28 City & State WINTER PARK, FL.

24 Zip 32789

Country

29 Zip 32789

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS, PAMELA S.
3212 SOUTH GATE CIRCLE
SARASOTA FL 34239

81 Name KATHERINE SORENSEN

82 Street Address (P.O. Box Number is Not Acceptable)
1590 GAY ROAD

83

84 City

WINTER PARK, FL

85 Zip Code

32789

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

Katherine Sorenson
KATHERINE L. SORENSEN Agent 3/14/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**
NAME: JONES, WILLIAM E.
STREET ADDRESS: 1284-B TIMBERLANE RD.
CITY - ST - ZIP: TALLAHASSEE FL

1.1 TITLE: **I**
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY - ST - ZIP:
 Change Addition

TITLE:
NAME: KINSEY, DAVID A
STREET ADDRESS: 306 SOUTH BLVD. STE. B
CITY - ST - ZIP: TAMPA FL

2.1 TITLE:
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY - ST - ZIP:
 Change Addition

TITLE:
NAME: MADZINSKI, JOYCE H
STREET ADDRESS: 6196 NORTH WEST 11TH STREET
CITY - ST - ZIP: SUNRISE FL

3.1 TITLE:
3.2 NAME: **D**
3.3 STREET ADDRESS: MADZINSKI, JOYCE H
7820 PETERS RD. STE. E104
3.4 CITY - ST - ZIP: PLANTATION, FL. 33324-4006
 Change Addition

TITLE:
NAME: ROGERS, SUSAN B
STREET ADDRESS: 1485 GENE STREET
CITY - ST - ZIP: WINTER PARK FL

4.1 TITLE:
4.2 NAME: **D**
4.3 STREET ADDRESS: GATES, JEAN H.
4.4 CITY - ST - ZIP: 270 Skiff Pt. B-1
Clearwater, FL 34630
 Change Addition

TITLE: **ED**
NAME: ROBERTS, PAMELA S
STREET ADDRESS: 3212 SOUTH GATE CIRCLE
CITY - ST - ZIP: SARASOTA FL *delete*

5.1 TITLE:
5.2 NAME:
5.3 STREET ADDRESS: KATHERINE SORENSEN
5.4 CITY - ST - ZIP: 1590 GAY RD.
WINTER PARK, FL. 32789
 Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

6.1 TITLE:
6.2 NAME: **T**
6.3 STREET ADDRESS: PAYNE, WILLIAM D.
6.4 CITY - ST - ZIP: 6900 N.W. 78th Ct.
FT. LAUDERDALE, FL. 33321-4982
 Change Addition

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joyce H. Madzinski, EA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-95

305-452-551

Date

Telephone No.

JOYCE H. MADZINSKI, EA