

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 744469 (8)

1. Corporation Name
FLORIDA SOCIETY OF ENROLLED AGENTS, INC.



Principal Place of Business
C/O SORENSEN, KATHERINE
1590 GAY RD
WINTER PARK FL 32789
US

Mailing Address
C/O SORENSEN, KATHERINE
1590 GAY RD
WINTER PARK FL 32789
US

3. Date Incorporated or Qualified 10/04/1978
3a. Date of Last Report 02/08/1996

2. Principal Place of Business 21
2a. Mailing Address 26

4. FEI Number 59-1853783
Applied For Not Applicable

22 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 25 Country 28 Zip 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOESEN, KATHERINE
1590 GAY ROAD
WINTER PARK FL 32789

81 Name KATHERINE L. SOESEN
82 Street Address (P.O. Box Number is Not Applicable) 613 Executive DR.
83
84 City WINTER PARK FL 85 Zip Code 32789

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 Katherine L. Sorensen 1/27/97
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 DP DELETE
NAME JONES, WILLIAM E.
STREET ADDRESS 1284-B TIMBERLANE RD.
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE D DELETE
NAME PAYNE, WILLIAM D
STREET ADDRESS 6900 NW 78TH COURT
CITY-ST-ZIP FT. LAUDERDALE FL

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

TITLE B DELETE
NAME MADZNSKI, JOYCE H
STREET ADDRESS 7820 PETERS RD., STE. E104
CITY-ST-ZIP PLANTATION FL

3.1 TITLE SD Change Addition
3.2 NAME ROBERTS, PaMALA
3.3 STREET ADDRESS 3212 South Gate Circle
3.4 CITY-ST-ZIP Sarasota, FL 34239

TITLE D DELETE
NAME ROGERS, SUSAN B
STREET ADDRESS 1465 GENE STREET
CITY-ST-ZIP WINTER PARK FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME GATES, JEAN H
STREET ADDRESS 270 SKIFF PT. B-1
CITY-ST-ZIP CLEARWATER FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE T DELETE
NAME BERINGER, DAPHNE
STREET ADDRESS 201 W CANTON AVE. - SUITE 150
CITY-ST-ZIP WINTER PARK FL

6.1 TITLE T Change Addition
6.2 NAME Nash, Jean
6.3 STREET ADDRESS 3652 Shamrock West
6.4 CITY-ST-ZIP Tallahassee, FL 32308

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: [Signature] REQUIRED Pres. 1/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078798

CP2E037 (9/96)