FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90229 044 ****61.25

3. Date Incorporated or Qualifed

DOCUMENT # 744469

1. Corporation Name

FLORIDA SOCIETY OF ENROLLED AGENTS, INC.

Principal Place of Busine
613 EXECUTIVE DRIVE WINTER BARK FL 32789
WINTER BARK FL 32789
115

Mailing Address 613 EXECUTIVE DRIVE

EXECUTIVE DRIVE VIER BARY FL 32789	613 EXECUTIVE WINTER PARK FL 32789 US	
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<u> </u>				2 5 4 4				
	lace of Business	2a. Mailing Address 721	anala X	3. Date Incorporated or Qualifed 10/04/1978				
21 / 5 o		26 /5 2 5 /K//	angle Di	4. FEI Number	Applied For			
22	#, etc.	27	•	59-1853783	Not Applicable			
City & Stat	e . /	City & State	, , ,		\$8.75 Additional			
23 MAY	1. 7. 00 61	28 MOUNT D	ORA, FI	5. Certificate of Status Desired	Fee Required			
Zip	Couptry	Zip	Country	6. Election Campaign Financing	\$5.00 May Be			
24,3275	57 [25] LAKE	29 32 75 7 30	LAKE	Trust Fund Contribution	Added to Fees			
	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
81 Name ORENSEN, KATHERINE L.								
SORENSE	n, katherine L		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	Xn			
613 EXÈS	UTIVE DR		/5	25 IRIANGIE	<u> </u>			
WINTER P	ARK, FL 32789		83	,				
1			84 City		85 Zip Code			
			1100	ount DORA FL	102737			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes, Florida/Such change was auth	, the above-named con orized by the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoin	changing its registered			
agent. I a	m familier with, and accept the obligation	ons of Section 617.0503, Florid	a Statutes.	tion's board of directors. I hereby accept the appoin				
SIGNATURE	Sarperine	& 'Suren	sen	3/20/	77			
	Signature, typed or printed name of registered agent		egistered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12			
12.	OFFICERS AND	DELETE	1.1 TITLE 7	2 Appriliance Time	☐ Change Addition			
TITLE	D LONE ON THE LEGIS OF THE LEGI	E Deceie	1.2 NAME	FRANCES MARIN	,			
NAME	JONES, WILLIAM E.		1.3 STREET ADDRESS	2910 Blanding B100 *1	7			
STREET ADORESS	1284-B TIMBERLANE RD.		1.3 STREET ADDRESS	FRANCES MARTIN 2910 Blanding Blus#1 Middleburg F1 320	108			
CITY-ST-ZIP	TALLAHAS SEE FL	DELETE	1.4 CITY-\$T-ZIP 4 2.1 TITLE	Mareoure. IT Sal	☐ Change ☐ Addition			
TITLE	SDE PED		2.2 NAME					
NAME	PAYNE, WILLIAM D		2.3 STREET ADDRESS					
STREET ADDRESS	6900 NW 78TH COURT		B 1					
CITY-ST-ZIP	FT. LAUDERDALE FL	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition			
TITLE	PED PD ROBERTS, PAMALA		3.2 NAME					
NAME OTDEET ADDRESS	3212 SOUTH GATE CIRCLE		3.3 STREET ADDRESS					
STREET ADDRESS	SARASOTA FL		3.4. CITY- ST-ZIP		ļ			
CITY-ST-ZIP	VPD	☐ DELETE	4.1 TITLE		Change Addition			
NAME	JOYCE, JERRY	_	4. 2 NAME		j			
STREET ADDRESS	204 N. MCDILL AVE		4.3 STREET ADDRESS		İ			
	TAMPA FL 33609		4.4 CITY-ST-ZIP					
TITLE	-20x D	☐ DELETE	5.1 TITLE		Change Addition			
NAME	GATES, JEAN H	_ .	5.2 NAME		ĺ			
STREET ADDRESS	170 SKIFF PT. B1		5.3 STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33767	,	5.4 CiTY+ST-ZIP	· > ·				
TITLE	TD \	DELETE	6.1 TITLE	Language Subott	Change Addition			
NAME	BROWN, ANN MARIE	•	6.2 NAME	FRANCIS Schott 3545 Heather LANE	, -			
STREET ADDRESS	5539 AVE QU SOLEIL		6.3 STREET ADDRESS	3343 Meather LANE				
CITY OT TIO	LLITZ EL 23540		6.4 CITY-ST-ZIP	Micco F1 32970	5			

14. 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 annual report or suppliemental 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, with all other like empowered.

SIGNATURE: