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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747488 (5)

1. Corporation Name
CENTRAL FLORIDA SOCIETY OF ASSOCIATION EXECUTIVE S, INC.

Principal Place of Business 4421 GILPIN WAY ORLANDO FL 32812 US	Mailing Address P O BOX 560467 ORLANDO FL 32856 US
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3. Date Incorporated or Qualified
06/04/1979

4. FEI Number 59-1880365	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suits, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23	City & State 28
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24	Country 25	Zip 29	Country 30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**MEAD, LONDRA H
4421 GILPIN WAY
ORLANDO FL 32812**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	000002574930--9
83	-10/28/98--01088--002
84 City	*****61.25 *****61.25 FL 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 *[Signature]* DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	LARA, PEGGY
STREET ADDRESS	4162 EDGEWATER DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JENNINGS, BELTON III
STREET ADDRESS	621 E CENTRAL BLVD
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MILLER, BARBARA
STREET ADDRESS	7380 SAND LAKE RD #500
CITY-ST-ZIP	ORLANDO FL
TITLE	EVP <input type="checkbox"/> DELETE
NAME	MEAD, LONDRA H
STREET ADDRESS	4421 GILPIN WAY
CITY-ST-ZIP	ORLANDO FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	GINKEL, KATHY
STREET ADDRESS	1633 E. VINE STREET, #206
CITY-ST-ZIP	KISSIMMEE FL
TITLE	PE <input checked="" type="checkbox"/> DELETE
NAME	SHOLANDER, MARK
STREET ADDRESS	201 EAST PINE ST. SUITE 800
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Peggy Lara
1.3 STREET ADDRESS	4162 Edgewater Drive
1.4 CITY-ST-ZIP	Orlando, FL 32804
2.1 TITLE	President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Belton Jennings, III
2.3 STREET ADDRESS	621 E. Central Blvd.
2.4 CITY-ST-ZIP	Orlando, FL 32801
3.1 TITLE	Treasurer D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Carolyn Gardner
3.3 STREET ADDRESS	7025 Augusta National Dr.
3.4 CITY-ST-ZIP	Orlando, FL 32822
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Richard Maladecki
5.3 STREET ADDRESS	7208 Sand Lake Rd., Ste. 205
5.4 CITY-ST-ZIP	Orlando, FL 32819
6.1 TITLE	President-Elect D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Lynn Hupp
6.3 STREET ADDRESS	222 S. Westmonte Dr., Ste. 101
6.4 CITY-ST-ZIP	Altamonte Springs, FL 32714

56-28-98

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 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]*

407-275-3777

CR2E037 (10/97)