FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 757054 (2)

1. Corporation Name

SOUTHERN MUNICIPAL ANALYSTS' SOCIETY, INCORPORATED

Principal Place of Business	Mailing Address
C/O LAWRENCE A. LEVY, ESQ. 1016 MILAN AVENUE CORAL GABLES FL 33134	C/O LAWRENCE A. LEVY, ESQ. 1016 MILAN AVENUE CORAL GABLES FL 33134

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 03/09/1981

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-2128616 ☐ Applied For ☐ 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

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

9. **Name and Address of Current Registered Agent**

LEVY, LAWRENCE A.
1016 MILAN AVENUE
CORAL GABLES FL 33134

10. **Name and Address of New Registered Agent**

81 Name

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

83

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

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	LITTLE, JERRY	
STREET ADDRESS	100 2ND AVE, S, STE 800	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	☐ DELETE
NAME	HENNESSEY, PATRICK	
STREET ADDRESS	191 PEACHTREE ST	
CITY-ST-ZIP	ATLANTA GA	
TITLE	CD	☐ DELETE
NAME	HIGINS, SUSAN	
STREET ADDRESS	3333 PEACHTREE RD., N.E.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	SD	☐ DELETE
NAME	BURNS, MARY	
STREET ADDRESS	201 PROGRESS PKWY	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	D	☐ DELETE
NAME	VALTIN, CHRISTOPHER	
STREET ADDRESS	1299 PENNYSLVANIA AVE, STE 800	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	S	☐ DELETE
NAME	LEVY, LAWRENCE A.	
STREET ADDRESS	1016 MILAN AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	☐ Change ☒ Addition
1.2 NAME	Conkling, Neill	
1.3 STREET ADDRESS	60 Front Street, 17th Floor	
1.4 CITY-ST-ZIP	Memphis, TN 38103	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	HIGGINS, SUSAN	
3.3 STREET ADDRESS	3333 Peachtree Road, East 9	
3.4 CITY-ST-ZIP	Atlanta, GA 30326	
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	Burnes, Mary	
4.3 STREET ADDRESS	201 Progress Pkwy	
4.4 CITY-ST-ZIP	St. Louis, MO	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Higgins 4/15/96 404/266-6224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #