


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90025 032 ****70.00

DOCUMENT # 757054

1. Entity Name
SOUTHERN MUNICIPAL ANALYSTS' SOCIETY, INCORPORATED



Principal Place of Business
**880 CARILLON PARKWAY
 ST.PETERSBURG, FL 33716**

Mailing Address
**880 CARILLON PARKWAY
 ST.PETERSBURG, FL 33716**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04082004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
~~50-2120016~~ **59-2337496** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**NEES, CAROLYN
 880 CARILLON PARKWAY
 ST.PETERSBURG, FL 33716**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CLAYTON, MARK 9800 FREDRICKESBURG RD. A-3-E SAN ANTONIO, TX 78288 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOLEY, BILL 9800 FREDRICKESBURG RD. A-3-E SAN ANTONIO, TX 78288 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEES, CAROLYN 880 CARILLON PARKWAY ST PETERSBURG, FL 33716 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLALOCK, TONY 225 TRYON ST., STE. 200 RALEIGH, NC 27603 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EARLEY, ANN ONE NORTH JEFFERSON ST LOUIS, MO 63103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVGNOUSKAS, ED 880 CARILLON PARKWAY ST.PETERSBURG, FL 33716 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mark Clayton <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9800 Fredericksburg Rd A-3-E San Antonio TX 78288
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Alexander Fraser <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 500 N Akard Suite 300 Dallas TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chuck Grob <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11 Greenway Plaza Suite 100 Houston TX 77046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Keith Lowe <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3 Wachovia Center, 401 S Tryon St Charlotte NC 28288
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Susan Dushock <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 250 S Park Ave 3rd Floor Winter Park FL 32789

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other Ika empowered.

SIGNATURE: Mark Clayton **MARK CLAYTON, Treasurer** 4/8/04 210-498-5766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #