

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

95 AUG -7 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # 771337 (3)**

1. Corporation Name  
**TALLAHASSEE SOCIETY OF ASSOCIATION EXECUTIVES, I NC.**

Principal Place of Business Mailing Address  
423 E. VIRGINIA ST., TALLAHASSEE, FL 32301  
PO BOX 10523 TALLAHASSEE FL 32302  
423 E. VIRGINIA ST., TALLAHASSEE, FL 32301  
PO BOX 10523 TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report  
11/18/1983 04/18/1994  
4. FEI Number Applied For  
59-2368120 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**

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

2. Principal Place of Business 2a. Mailing Address  
21 1406 Hays St., #8 26 P.O. Box 10523  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 Tallahassee, FL 28 Tallahassee, FL  
24 Zip 32301 25 Country Leon 29 Zip 32302 30 Country Leon

9. Name and Address of Current Registered Agent  
CHESHIRE, DEBORAH  
423 E. VIRGINIA ST.  
P.O. BOX 10523 (32302)  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
1406 Hays St., #8  
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 appropriate) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	MILLER, MARK
STREET ADDRESS	335 BEARD ST
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	P
NAME	BELROSE, BRUCE
STREET ADDRESS	100 E JEFFERSON ST
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	EKWALL, ELEANOR
STREET ADDRESS	411 OFFICE PLAZA DR
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	WAITS, TOM
STREET ADDRESS	200 W COLLEGE AVE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	MCAULIFFE, POLLY
STREET ADDRESS	517 E COLLEGE AVE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	P
NAME	FONTAINE, MARK
STREET ADDRESS	1030 E LAFAYETTE AVE #100
CITY - ST - ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PE(Pres. Elect) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Wilson Wright
23 STREET ADDRESS	217 S. Adams St.
24 CITY - ST - ZIP	Tallahassee, FL 32301
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	John Milstead
33 STREET ADDRESS	214 S. Bronough St.
34 CITY - ST - ZIP	Tallahassee, FL 32301
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	3333 W. Pensacola St.
64 CITY - ST - ZIP	Tallahassee, FL 32304

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: Mark Miller, President Elect 8/2/95 904/222-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Month & Year)

CR2E037 (3/95)