

**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 # 771337 (3)

1. Corporation Name  
**TALLAHASSEE SOCIETY OF ASSOCIATION EXECUTIVES, INC.**



Principal Place of Business: 1406 HAYS ST, STE 8, TALLAHASSEE FL 32301, US  
Mailing Address: P O BOPX 10523, PO BOX 10523, TALLAHASSEE FL 32302, US

3. Date Incorporated or Qualified: 11/18/1983  
3a. Date of Last Report: 08/07/1995  
4. FEI Number: 59-2368120  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**CHESHIRE, DEBORAH  
1406 HAY ST STE 8  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PE	<input type="checkbox"/> DELETE
NAME	MILLER, MARK	
STREET ADDRESS	335 BEARD ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WRIGHT, WILSON	
STREET ADDRESS	217 S ADAMS ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILSTEAD, JOHN	
STREET ADDRESS	214 S BRONOUGH ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WAITS, TOM	
STREET ADDRESS	200 W COLLEGE AVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCAULIFFE, POLLY	
STREET ADDRESS	517 E COLLEGE AVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FONTAINE, MARK	
STREET ADDRESS	3333 W PENSACOLA ST	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jeff Doran	
4.3 STREET ADDRESS	402 E. Jefferson St.	
4.4 CITY-ST-ZIP	Tallahassee, FL 32301	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Tara Bull	
5.3 STREET ADDRESS	6515 International Dr.	
5.4 CITY-ST-ZIP	Orlando, FL 32819	
6.1 TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Craig Crosby	
6.3 STREET ADDRESS	235 E. Virginia St.	
6.4 CITY-ST-ZIP	Tallahassee, FL 32301	

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* 4/30/96 904/222-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (12/95)