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FILED
Aug 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 771337
1. Corporation Name
Tallahassee Society of Association Executives, Inc.

Principal Place of Business 502 E. Jefferson St Tallahassee, FL 32301	Mailing Address PO Box 1139
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100002620841
-08/20/98--01046--001

3. Date Incorporated or Qualified
11/18/1983

4. FEI Number
59-2368120

Applied For
 Not Applicable

2. Principal Place of Business 21 231 Lafayette Circle	2a. Mailing Address 26 PO Box 1139
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tallahassee, FL	City & State 28 Tallahassee, FL
Zip 24 32303	Country 25 USA
Zip 29 32302	Country 30 USA

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. Is this nonprofit corporation a homeowners association?
 Yes No

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
**Williams, Melanie J
502 E Jefferson St.
Tallahassee, FL 32301**

10. Name and Address of New Registered Agent

81 Name Susan Tobin

82 Street Address (P.O. Box Number is Not Acceptable) 231 Lafayette St

83

84 City Tallahassee FL 85 32303

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: **Susan Tobin, Executive Director** *Susan L Tobin* **8-13-98**

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

12. OFFICERS AND DIRECTORS

TITLE President	<input checked="" type="checkbox"/> DELETE
NAME Craig Crosby	
STREET ADDRESS 1705 S Gadsden	
CITY-ST-ZIP Tallahassee FL	
TITLE Past President	<input checked="" type="checkbox"/> DELETE
NAME Mark Miller	
STREET ADDRESS 335 Beard Street	
CITY-ST-ZIP Tallahassee, FL 3	
TITLE President Elect	<input checked="" type="checkbox"/> DELETE
NAME Eleanor Warmack	
STREET ADDRESS 411 Office Plaza Drive	
CITY-ST-ZIP Tallahassee FL	
TITLE Vice President	<input checked="" type="checkbox"/> DELETE
NAME Jeff Doran	
STREET ADDRESS 402 E Jefferson Street	
CITY-ST-ZIP Tallahassee FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME Donna Nortillo	
STREET ADDRESS 200 E College Ave	
CITY-ST-ZIP Tallahassee FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME Jan Scheff	
STREET ADDRESS 502 E Jefferson Street	
CITY-ST-ZIP Tallahassee FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Eleanor Warmack	
1.3 STREET ADDRESS 411 Office Plaza Drive	
1.4 CITY-ST-ZIP Tallahassee FL	
2.1 TITLE Past President PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Craig Crosby	
2.3 STREET ADDRESS 1705 S Gadsden	
2.4 CITY-ST-ZIP Tallahassee FL	
3.1 TITLE President Elect PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Donna Nortillo	
3.3 STREET ADDRESS 200 E College Ave	
3.4 CITY-ST-ZIP Tallahassee FL	
4.1 TITLE Vice President VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Glen Barton	
4.3 STREET ADDRESS 1001 Thomasville Rd	
4.4 CITY-ST-ZIP Tallahassee FL	
5.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Jan Scheff	
5.3 STREET ADDRESS 521 Park Ave	
5.4 CITY-ST-ZIP Tallahassee FL	
6.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Robert SKrob	
6.3 STREET ADDRESS 335 Beard Street	
6.4 CITY-ST-ZIP Tallahassee FL	

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: **Jan Scheff** *Jan Scheff* **PE 8-19**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)