


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90137 004 \*\*\*\*61.25

DOCUMENT # **771337**

1. Entity Name  
**TALLHASSEE SOCIETY OF ASSOCIATION EXECUTIVES, I  
NC.**



Principal Place of Business  
**522 E PARK AVE  
2ND FLOOR  
TALLHASSEE FL 32301  
US**

Mailing Address  
**P.O. BOX 1139  
TALLHASSEE FL 32302  
US**

2. Principal Place of Business  
**3396 Deer Lane DR**

3. Mailing Address


Suite, Apt. #, etc.

City & State  
**Tallahassee FL**

City & State

Zip  
**32312**

Country  
**USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2368120**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CARVAJAL, ANTONIO T  
522 EAST PARK AVE  
2ND FLOOR  
TALLHASSEE FL 32301**

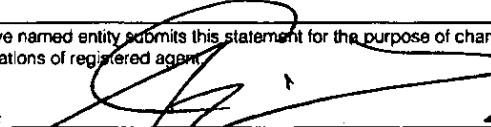
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3396 Deer Lane DR**

City **Tallahassee** FL Zip Code **32312**

8. The above named entity admits 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  **Executive Director** DATE **3/5/03**

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

FILE NOW: FEE IS \$61.25

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	TD	<input type="checkbox"/> Delete
NAME	<b>BRASWELL, RICKI</b>	
STREET ADDRESS	<b>1520 METROPOLITAN BLVD</b>	
CITY-ST-ZIP	<b>TALLHASSEE FL 32308</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>CARVAJAL, TONY</b>	
STREET ADDRESS	<b>P O BOX 10470</b>	
CITY-ST-ZIP	<b>TALLHASSEE FL 32302</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>WILSON, KATHLEEN</b>	
STREET ADDRESS	<b>7908 BRIARCREEK RD S</b>	
CITY-ST-ZIP	<b>TALLHASSEE FL 32312</b>	
TITLE	IPP	<input type="checkbox"/> Delete
NAME	<b>SCHEFF, JAN</b>	
STREET ADDRESS	<b>104 W JEFFERSON ST</b>	
CITY-ST-ZIP	<b>TALLHASSEE FL 32301</b>	
TITLE	PE	<input type="checkbox"/> Delete
NAME	<b>TRESSCOTT, PRISCILLA</b>	
STREET ADDRESS	<b>P O BOX 750</b>	
CITY-ST-ZIP	<b>TALLHASSEE FL 32302</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>NAPIER, BENNETT</b>	
STREET ADDRESS	<b>4500 SHANNON LAKES PLAZA #1-108</b>	
CITY-ST-ZIP	<b>TALLHASSEE FL 32308</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Karen Thurston Chavez</b>	
STREET ADDRESS	<b>1111 East Tennessee Street</b>	
CITY-ST-ZIP	<b>Tallahassee FL 32308</b>	
TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	IPP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:  **ANT. CARVAJAL** DATE **3/6/03** DAYTIME PHONE # **850-201-8899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/02)