

**FILE NOW: FILING FEE IS \$61.25**

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NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N06542 (7)**  
 1. Corporation Name  
**THE FLORIDA SOCIETY OF ASSOCIATION EXECUTIVES FOUNDATION, INC.**



Principal Place of Business <b>106 E COLLEGE AVE                  SUITE 810                  TALLAHASSEE FL 32301                  US</b>	Mailing Address <b>P O BOX 11119                  TALLAHASSEE FL 32302-3119                  US</b>
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<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a</b> Mailing Address Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	<b>3</b> Date Incorporated or Qualified <b>12/07/1984</b>	<b>3a</b> Date of Last Report <b>04/24/1995</b>
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<b>4</b> FEI Number <b>59-2485277</b>	Applied For Not Applicable
<b>5</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**BURCHNELL, TOM  
 106 E COLLEGE AVE  
 SUITE 810  
 TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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	T	<input type="checkbox"/> DELETE	NAME	WAITS, THOMAS A.	STREET ADDRESS	200 W COLLEGE AVE	CITY-ST-ZIP	TALLAHASSEE FL
TITLE	PT	<input type="checkbox"/> DELETE	NAME	HUNTER, WILLIAM D	STREET ADDRESS	123 S CALHOUN ST #350	CITY-ST-ZIP	TALLAHASSEE FL
TITLE	SEVP	<input type="checkbox"/> DELETE	NAME	BURCHNELL, TOM	STREET ADDRESS	106 E COLLEGE AVE., SUITE 810	CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VTR	<input type="checkbox"/> DELETE	NAME	FAZIO, CAROLYN	STREET ADDRESS	2295 CORPORATE BLVD., NE @230	CITY-ST-ZIP	BOCA RATON FL
TITLE	TTR	<input type="checkbox"/> DELETE	NAME	BRAINERD, S J	STREET ADDRESS	<del>430 BRONOUGH ST</del>	CITY-ST-ZIP	<del>TALLAHASSEE FL</del>
TITLE	TR	<input type="checkbox"/> DELETE	NAME	GUDZAK, SHELLEY L	STREET ADDRESS	3 INDEPENDENT DR	CITY-ST-ZIP	JACKSONVILLE FL

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	PPITR	<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	P/TRA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

*3159 Shamrock St. S  
Tallahassee, FL 32308*

**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: *[Signature]*, EJP **4/26/96 904-222-7994**

CR2E037 (12/95)

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Addendum to The Florida Society of Association Executives Foundation, Inc.  
Corporation Annual Report - 1996 Document #N06542

TR

Fred Hagan  
5405 Diplomat Circle #154  
Orlando, FL 32810

TR

John F. Harkness, Jr.  
650 Apalachee Parkway  
Tallahassee, FL 32399-2300

TR

Gloria Purcell  
129 W Church St.  
Orlando, FL 32801

TR

John A. Rogers, Jr.  
100 E. Jefferson St.  
Tallahassee, FL 32301-1702

T/TR

Kathryn B. Anderson  
325 W. College Ave.  
Tallahassee, FL 32301

TR

Quinton N. Greene  
2916 Apalachee Pkwy  
Tallahassee, FL 32301

TR

Robert C. Harris  
325 Beard St.  
Tallahassee, FL 32303

TR

Elin R. Oak  
215 S. Monroe St. #830  
Tallahassee, FL 32301

TR

Wilson W. Wright  
217 S. Adams St.  
Tallahassee, FL 32301-1708