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Jul 09 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 # N06542 (7)
 1. Corporation Name
THE FLORIDA SOCIETY OF ASSOCIATION EXECUTIVES FOUNDATION, INC.



Principal Place of Business 106 E COLLEGE AVE SUITE 810 TALLAHASSEE FL 32301 US	Mailing Address P O BOX 11119 TALLAHASSEE FL 32302-3119 US
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3. Date Incorporated or Qualified
12/07/1984

4. FEI Number
59-2485277

Applied For	Not Applicable
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2. Principal Place of Business 21 231 LAFAYETTE CIRCLE	2a. Mailing Address 22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State TALL. FL.	28 City & State	
24 Zip 32302	25 Country LEON	29 Zip 30

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

**HEIERMAN, SHARON G
106 E. COLLEGE AVE.
STE. 810
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name Heierman, Sharon G.
82 Street Address (P.O. Box Number is Not Acceptable) 231 Lafayette Circle
83
84 City Tallahassee
85 Zip Code FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE TR	NAME WAITS, THOMAS A.	1.1 TITLE President
STREET ADDRESS 200 W COLLEGE AVE	CITY-ST-ZIP TALLAHASSEE FL	1.2 NAME Anderson, Kathryn B.
		1.3 STREET ADDRESS P.O. Box 5437 MAILING ADDRESS
		1.4 CITY-ST-ZIP Tallahassee, FL 32314
TITLE PPTR	NAME HUNTER, WILLIAM D	2.1 TITLE President Elect
STREET ADDRESS 123 S CALHOUN ST #350	CITY-ST-ZIP TALLAHASSEE FL	2.2 NAME Landreth, Mark D.
		2.3 STREET ADDRESS P.O. Box 13429 MAILING ADDRESS
		2.4 CITY-ST-ZIP Tallahassee, FL 32317
TITLE TR	NAME HARKNESS, JOHN J JR.	3.1 TITLE Treasurer
STREET ADDRESS 650 APALACHEE PARKWAY	CITY-ST-ZIP TALLAHASSEE FL	3.2 NAME Purcell, Gloria
		3.3 STREET ADDRESS 5800 Kirkman Road
		3.4 CITY-ST-ZIP Orlando, FL 32819
TITLE PTR	NAME FAZIO, CAROLYN	4.1 TITLE Trustee
STREET ADDRESS 2295 CORPORATE BLVD., NE @230	CITY-ST-ZIP BOCA RATON FL	4.2 NAME Brainerd, S. James
		4.3 STREET ADDRESS P.O. Box 12129 MAILING ADDRESS
		4.4 CITY-ST-ZIP Tallahassee, FL 32317-2129
TITLE TR	NAME ROGERS, JOHN A JR.	5.1 TITLE Trustee
STREET ADDRESS 100 E. JEFFERSON ST.	CITY-ST-ZIP TALLAHASSEE FL	5.2 NAME Adams, Margo S.
		5.3 STREET ADDRESS 521 E. Park Avenue
		5.4 CITY-ST-ZIP Tallahassee, FL 32301-2524
TITLE PETR	NAME ANDERSON, KETHRYN B	6.1 TITLE Trustee
STREET ADDRESS 325 W. COLLEGE AVE.	CITY-ST-ZIP TALLAHASSEE FL	6.2 NAME Cory, Keyna D.
		6.3 STREET ADDRESS P.O. Box 1347 MAILING ADDRESS
		6.4 CITY-ST-ZIP Tallahassee, FL 32302

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: *Sharon H. Heierman* 4-30-98 222-7994

CR2E087 (10/97)