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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N06542

1. Corporation Name

THE FLORIDA SOCIETY OF ASSOCIATION EXECUTIVES FOUNDATION, INC.

454031 - 90013 - 44

Principal Place of Business

231 LAFAYETTE CIRCLE
 TALLAHASSEE FL 32303
 US

Mailing Address

P O BOX 11119
 TALLAHASSEE FL 32302-3119
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

12/07/1984

4. FEI Number

59-2485277

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HEIERMAN, SHARON G
 231 LAFAYETTE CIRCLE
~~STE-810~~
 TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	ANDERSON, KATHRYN B	P O BOX 5437	TALLAHASSEE FL 32314	<input checked="" type="checkbox"/>
PE	LANDRETH, MARK D	P O BOX 13429	TALLAHASSEE FL 32317	<input type="checkbox"/>
T	PURCELL, GLORIA	5800 KIRKMAN ROAD	ORLANDO FL 32819	<input type="checkbox"/>
T	BRAINERD, S JAMES	P O BOX 12129	TALLAHASSEE FL 32317-2129	<input type="checkbox"/>
T	ADAMS, MARGO S	521 E PARK AVENUE	TALLAHASSEE FL 32301-2524	<input type="checkbox"/>
T	CORY, KEYNA D	P O BOX 1347	TALLAHASSEE FL 32302	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
TR	WILLIAM HUNTER	123 S. CALHOUN ST. #350	TALL. FL. 32301	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PRESIDENT		5105 CHAMBERD DR.	TALL. FL. 32308	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TR		3159 SHAMROCK S.	TALL. FL. 32308	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TR	JOHN ROGERS	100 E. JEFFERSON ST	TALL. FL. 32301	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

850-878-3376
 Daytime Phone #

CR2E037 (11/98)