

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N06542

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: THE FLORIDA SOCIETY OF ASSOCIATION EXECUTIVES FOUNDATION, INC.

Current Principal Place of Business:

231 LAFAYETTE CIRCLE
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 11119
TALLAHASSEE, FL 323023119 US

New Mailing Address:

FEI Number: 59-2485277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEIERMAN, SHARON G
231 LAFAYETTE CIRCLE
STE. 810
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

CHRENO, LINDA S
231 LAFAYETTE CIRCLE
TALLAHASSEE, FL 32303 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LINDA S. CHRENO

04/29/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: CHRENO, LINDA S
Address: 231 LAFAYETTE CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

Title: PP () Delete
Name: PHELAN, WILLIAM J
Address: P O BOX 1459
City-St-Zip: TALLAHASSEE, FL 32302

Title: T () Delete
Name: ADAMS, MARGO S
Address: 521 E. PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: TR () Delete
Name: BRAINERD, S JAMES
Address: 3159 SHAMROCK S
City-St-Zip: TALLAHASSEE, FL 32308

Title: TR () Delete
Name: CORY, KEYNA D
Address: P O BOX 1347
City-St-Zip: TALLAHASSEE, FL 32302

Title: PE () Delete
Name: MCRAE, HERBERT W
Address: P O BOX 12187
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: PHELAN, WILLIAM J
Address: P O BOX 1459
City-St-Zip: TALLAHASSEE, FL 32302

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PE (X) Change () Addition
Name: BRAINERD, S JAMES
Address: 3159 SHAMROCK S
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MCRAE, HERBERT W
Address: P O BOX 12187
City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA S CHRENO

S

04/29/2002

Electronic Signature of Signing Officer or Director

Date