

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06542

FILED  
Mar 20, 2006  
Secretary of State

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

**Current Principal Place of Business:**

444 APPELYARD DR  
TALLAHASSEE, FL 32304 US

**New Principal Place of Business:**

300 W. PENSACOLA STREET  
TALLAHASSEE, FL 32301 US

**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:**

CHRENO, LINDA S  
PO BOX 11119  
TALLAHASSEE, FL 32302 US

**Name and Address of New Registered Agent:**

GRAY, JUDY  
PO BOX 11119  
TALLAHASSEE, FL 32302 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: JUDY GRAY

03/20/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: SCOVOTTO, LARRY  
Address: 821 N US 1 STE B  
City-St-Zip: ORMOND BEACH, FL 32174

Title: T ( ) 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 AVENEU  
City-St-Zip: TALLAHASSEE, FL 32301

Title: P ( ) Delete  
Name: BRAINERD, S JAMES  
Address: PO BOX 12129  
City-St-Zip: TALLAHASSEE, FL 32317

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

Title: PP (X) Delete  
Name: MCRAE, HERBERT W  
Address: 3230 CONSTELLATION CT  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CORY, KEYNA D  
Address: PO BOX 1347  
City-St-Zip: TALLAHASSEE, FL 32302

Title: PE (X) Change ( ) Addition  
Name: SCOVOTTO, LAWRENCE E  
Address: 880 AIRPORT ROAD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: T (X) Change ( ) Addition  
Name: BEDNERIK, JON C  
Address: 1225 TAMIAMI TRAIL, UNIT A-10  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: S (X) Change ( ) Addition  
Name: ADAMS, MARGO S  
Address: 521 E. PARK AVE.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: PP (X) Change ( ) Addition  
Name: BRAINERD, JAMES  
Address: 2814 RABBIT HILL  
City-St-Zip: TALLAHASSEE, FL 32308

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KEYNA D. CORY

C

03/20/2006

Electronic Signature of Signing Officer or Director

Date