


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90013 029 \*\*\*\*61.25

<b>DOCUMENT # N06542</b>					
1. Entity Name <b>THE FLORIDA SOCIETY OF ASSOCIATION EXECUTIVES FOUNDATION, INC.</b>					
Principal Place of Business <b>300 W. PENSACOLA STREET TALLAHASSEE, FL 32301 US</b>			Mailing Address <b>P O BOX 11119 TALLAHASSEE, FL 32302-3119 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2485277</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GRAY, JUDY</b> <b>PO BOX 11119 300 W. PENSACOLA ST.</b> <b>TALLAHASSEE, FL 32302 32301</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Judy Gray</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <i>2/14/07</i>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	PC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CORY, KEYNA D	NAME			
STREET ADDRESS	PO BOX 1347	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32302	CITY-ST-ZIP			
TITLE	PE <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCOVOTTO, LAWRENCE E	NAME			
STREET ADDRESS	880 AIRPORT ROAD	STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEDNERIK, JON C	NAME			
STREET ADDRESS	1225 TAMiami TRAIL, UNIT A-10	STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE, 33953	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	CE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADAMS, MARGO S	NAME			
STREET ADDRESS	521 E. PARK AVE.	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP			
TITLE	PP <input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAINERD, JAMES	NAME			
STREET ADDRESS	2814 RABBIT HILL	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<i>Guiberson, Ann</i>		
STREET ADDRESS		STREET ADDRESS	<i>4590 WILMINGTON ROAD</i>		
CITY-ST-ZIP		CITY-ST-ZIP	<i>CLEARWATER, FL 33762</i>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Margo S. Adams</i>		Date: <i>Feb 14, 2007</i>		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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