

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N06542

FILED  
Apr 30, 2003  
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:**

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

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

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:

\_\_\_\_\_  
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: TR      ( ) 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: PE      ( ) 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: P      ( ) 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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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

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 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

04/30/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

TOM WAITS, TR  
P O BOX 1529  
TALLAHASSEE, FL 32302

JON BEDNERIK, TR  
12644 RESEARCH PKWY  
ORLANDO, FL 32826