

FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21650 (9)

1. Corporation Name

SECTION ON ADMINISTRATION, APTA, INC.

Principal Place of Business

Mailing Address

1111 N FAIRFAX STREET
ALEXANDRIA VA 22314-8436

1111 N FAIRFAX STREET
ALEXANDRIA VA 22314-8436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1987

3a. Date of Last Report

04/18/1994

4. FEI Number

34-1179218

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$6.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENVILLE, SUSAN A.
10330 SW 98TH STREET
MIAMI FL 33716

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 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD
NAME	DANIELE, CANDIDA
STREET ADDRESS	1216 APPLEBRIAR LANE
CITY-ST-ZIP	MARLBOROUGH MA
TITLE	DC
NAME	BRYAN, COURTNEY
STREET ADDRESS	17908 NANCES
CITY-ST-ZIP	HOUSTON TX
TITLE	VD
NAME	IRVINE, BONNE
STREET ADDRESS	1510 12TH ST N, APT 604
CITY-ST-ZIP	ARLINGTON VA
TITLE	TD
NAME	JOHNSON, STEPHANIE
STREET ADDRESS	5131 WEST BELFORT ST.
CITY-ST-ZIP	HOUSTON TX
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	T/D
4.3 STREET ADDRESS	Smith, Helen
4.4 CITY-ST-ZIP	4374 Hillside Drive Ann Arbor, MI. 48105
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: Helen Smith, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Here