FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23839 (6)

1. Corporation Name
BIG BEND CHAPTER OF THE NATIONAL SOCIETY OF FUND RAISING EXECUTIVES, INC.

Principal Place of Business	Mailing Address
1616 HEDGEFIELD COURT TALLAHASSEE FL 32312	1616 HEDGEFIELD COURT TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1987
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2873430 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$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 (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

WERNOLI, PHILLIP
1616 HEDGEFIELD COURT
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

(31) Name
(32) Street Address (P.O. Box Number is Not Acceptable)
(33)
(34) City **FL** (35) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	T	☒ Change ☐ Addition
NAME	WERNOLI, PHILLIP	12 NAME		
STREET ADDRESS	1616 HEDGEFIELD CT	13 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	P	☒ Change ☐ Addition
NAME	KIRVEN, REGINALD	22 NAME	000001472970	
STREET ADDRESS	FLORIDA STATE UNIV., SANDELS BLDG #207	23 STREET ADDRESS	-05/03/95--01054--014	
CITY-ST-ZIP	TALLAHASSEE FL 32306	24 CITY-ST-ZIP	*****68.75 *****68.75	
TITLE	VP	31 TITLE	D	☐ Change ☐ Addition
NAME	DAVIS, ANN	32 NAME		
STREET ADDRESS	2110-BS. ADAMS ST.	33 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	MARTIN, PAT	42 NAME		
STREET ADDRESS	FSU 150 DIRAC SCIENCE LIBRARY	43 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32306	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	GRIFFITH, SHARON	52 NAME		
STREET ADDRESS	212 OFFICE PLAZA	53 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	PARKER, FRANCIS	62 NAME		
STREET ADDRESS	GORDON AVE. AT MIMOSA	63 STREET ADDRESS		
CITY-ST-ZIP	THOMASVILLE GA 31792	64 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 119.07(3)(k), 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: Phillip W. Arnold Secretary/Treasurer 5/1/95 4888243
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087647