

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N23839 (6)

1. Corporation Name

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



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

3. Date Incorporated or Qualified: **12/11/1987**
3a. Date of Last Report: **05/01/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
22. Suite Apt. #, etc.: **27**
23. City & State: **28**
24. Zip: **25** Country: **29** Zip: **30** Country: **30**

9. Name and Address of Current Registered Agent: **WERNDLI, PHILLIP 1616 HEDGEFIELD COURT TALLAHASSEE FL 32312**
10. Name and Address of New Registered Agent: **81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNDLI, PHILLIP	1.2 NAME	
STREET ADDRESS	1616 HEDGEFIELD CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32312	1.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRVEN, REGINALD	2.2 NAME	
STREET ADDRESS	FLORIDA STATE UNIV., SANDELS BLDG #207	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32306	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ANN	3.2 NAME	
STREET ADDRESS	2110-BS. ADAMS ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32301	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, PAT	4.2 NAME	
STREET ADDRESS	FSU 150 DIRAC SCIENCE LIBRARY	4.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32306	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, SHARON	5.2 NAME	
STREET ADDRESS	212 OFFICE PLAZA	5.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32301	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, FRANCIS	6.2 NAME	
STREET ADDRESS	GORDON AVE. AT MIMOSA	6.3 STREET ADDRESS	
CITY - ST - ZIP	THOMASVILLE GA 31792	6.4 CITY - ST - ZIP	

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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 A. Wendli* Treasurer 5/1/96 904 4888243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)