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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NONPROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **N23839**
1. Corporation Name
Big Bend Chapter of the National Society of Fund Raising Executives

Principal Place of Business Mailing Address
3272 Rue de Lafitte Tallahassee, FL 32312

3. Date Incorporated or Qualified **12/11/1987** 3a. Date of Last Report **06/05/1996**
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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 **3272 Rue de Lafitte** 26 **3272 Rue de Lafitte**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Tallahassee, FL** 27 **Tallahassee, FL**
City & State City & State
23 **32312** 24 **USA** 25 **32312** 26 **USA**
Zip Country Zip Country

9. Name and Address of Current Registered Agent
Phillip A. Wernli
3272 Rue de Lafitte
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 **FL** 85 Zip Code

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 **Phillip A. Wernli** DATE **5/1/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ☐ DELETE	NAME P. Elizabeth Stuart	1.1 TITLE ☐ Change ☒ Addition	NAME P. Elizabeth Stuart
STREET ADDRESS 2722 Pablo Avenue	1.2 STREET ADDRESS 2722 Pablo Avenue	1.3 CITY-ST-ZIP Tallahassee, FL 32302	1.4 CITY-ST-ZIP Tallahassee, FL 32302
CITY-ST-ZIP Tallahassee, FL 32302	2.1 TITLE ☐ Change ☐ Addition	2.2 NAME	2.3 STREET ADDRESS
TITLE ☐ DELETE	NAME Ann Davis	2.4 CITY-ST-ZIP	3.1 TITLE ☐ Change ☐ Addition
STREET ADDRESS 2110 S. Adams Street	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP Tallahassee, FL 32301	4.1 TITLE ☐ Change ☒ Addition	4.2 NAME Sharon Lignett	4.3 STREET ADDRESS 3272 Rue de Lafitte
TITLE ☐ DELETE	NAME Phillip Wernli	4.4 CITY-ST-ZIP Tallahassee, FL 32312	5.1 TITLE ☐ Change ☒ Addition
STREET ADDRESS 3272 Rue de Lafitte	5.2 NAME Carol Dawes	5.3 STREET ADDRESS 1731 Riggins Rd.	5.4 CITY-ST-ZIP Tallahassee, FL 32312
CITY-ST-ZIP Tallahassee, FL 32312	6.1 TITLE ☐ Change ☐ Addition	6.2 NAME	6.3 STREET ADDRESS
TITLE ☐ DELETE	NAME Gritting, Sharon	6.4 CITY-ST-ZIP	
STREET ADDRESS 212 Office Plaza	NAME P. Martin		
CITY-ST-ZIP Tallahassee, FL 32301	STREET ADDRESS FSU 150 Dirac Science Lib.		
TITLE ☐ DELETE	NAME Reginald Kiven		
STREET ADDRESS FSU, Sandels Bldg #207			
CITY-ST-ZIP Tallahassee, FL 32306			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Wernli** DATE **5/1/97** DAYTIME PHONE # **904 4883243**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)