


**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90062 006 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N98000005955**

1. Corporation Name  
**FLORIDA ASSOCIATION OF MEMBERSHIP EXECUTIVES, IN C.**

Principal Place of Business  
 1610 SUMMER WIND DRIVE  
 WINTER PARK FL 32792

Mailing Address  
 P.O. BOX 4895  
 WINTER PARK FL 32793



\* 5 4 8 9 7 4 \*  
 540974 - 90303 - 42

2. Principal Place of Business 21 2268 Middleton Ave Suite, Apt. #, etc.	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/19/1998
22	27	4. FEI Number 59-3532439 Applied For Not Applicable
23 City & State Winter Park, FL	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 32792	25 Country USA	29
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent <b>ORLANDO, MICHELLE</b> 1610 SUMMER WIND DRIVE WINTER PARK FL 32792	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 <b>FL</b>
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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 NAME STREET ADDRESS CITY-ST-ZIP	President Laura Lykins 3020 N. Tamiami Tr. Naples, FL 34103	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President (D) Laura Lykins 3020 N. Tamiami Tr. Naples, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-elect Sandra Mast 1983 PGA Blvd. Ste. 104 Palm Beach Gardens, FL 33408	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	President-elect (D) Sandra Mast 1983 PGA Boulevard, Ste. 104 Palm Beach Gardens, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Wendy Shea 50 Aragon Ave. Coral Gables, FL 33134	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary (D) Wendy Shea 50 Aragon Ave. Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President Jean Stubbs 2200 E. Atlantic Blvd. Pompano Beach, FL 33062	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Past President (D) Jean Stubbs 2200 E. Atlantic Blvd Pompano Beach, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robin Burchfield 1 Iberia St. St. Augustine, FL 32084	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Director (D) Robin Burchfield 1 Iberia St. St. Augustine, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Phyllis Hamon 110 E. Silver Springs Blvd Ocala, FL 34470	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Director (D) Phyllis Hamon 110 E. Silver Springs Blvd Ocala, FL 34470

14. I 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, with all other like empowered.

SIGNATURE: Michelle Orlando DATE: 2/24/99 DAYTIME PHONE: 407-677-8180

CR2E037 (11/98)