SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 PM 6:41

DOCUMENT # **703462** **(2)**

1. Corporation Name

NATIONAL ASSOCIATION OF ASC COUNTY EMPLOYEES, INC.

Principal Place of Business	Mailing Address
740 SOUTH MAIN NEPHI UT 84648-2008	740 SOUTH MAIN NEPHI UT 84648-2008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/02/1962
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-6143364 ☐ 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 ☐ **FILING FEE IS $61.25**
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.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 / County: 25	Zip: 29 / County: 30

9. Name and Address of Current Registered Agent

OSBORNE, LEO O
740 S MAIN
NEPHI UT 84648

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 _____ 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	ST	11 TITLE		☐ Change ☐ Addition
NAME	OSBORNE, LEO O	12 NAME		
STREET ADDRESS	740 S MAIN	13 STREET ADDRESS		
CITY-ST-ZIP	NEPHI UT	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	P	☒ Change ☐ Addition
NAME	NEWTON, PAUL	22 NAME		
STREET ADDRESS	RT. 2 BOX 88B	23 STREET ADDRESS		
CITY-ST-ZIP	MARSHALL IL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	JOHNSTON, JOHN	32 NAME	SAUNDERS, CHAROLETTE	
STREET ADDRESS	740 S. MAIN ST.	33 STREET ADDRESS	104 MILLER DR	
CITY-ST-ZIP	NEPHI UT 84648	34 CITY-ST-ZIP	RIPLEY WV 25271	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	GLEASON, MARTIN J	42 NAME	LONGMEYER, JOE	
STREET ADDRESS	740 S. MAIN ST.	43 STREET ADDRESS	640 W SOUTH ST	
CITY-ST-ZIP	NEPHI UT 84648	44 CITY-ST-ZIP	FREEPORT IL 61032	
TITLE	P	51 TITLE	V	☒ Change ☐ Addition
NAME	BOSSHART, BEN	52 NAME	SUNDSETH, DAN	
STREET ADDRESS	400 N. FOURTH ST.	53 STREET ADDRESS	2680 SW THIRD ST	
CITY-ST-ZIP	LACROSSE WI	54 CITY-ST-ZIP	CORVALLIS OR 97333	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	RUSSELL, RON	62 NAME	ELSON, GERALD	
STREET ADDRESS	740 S. MAIN ST.	63 STREET ADDRESS	1805 HIGHWAY 16 RM 4	
CITY-ST-ZIP	NEPHI UT 84648	64 CITY-ST-ZIP	EMMETT ID 83617	

CR2E037 (3/95)

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)(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: Leo O Osborne 6/13/95 801-623-2182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019701