

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 706626 (9)

1. Corporation Name

**FLORIDA SOCIETY OF ACCOUNTING AND TAX PROFESSION
ALS, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 13089
TALAHASSEE FL 32317

P.O. BOX 13089
TALAHASSEE FL 32317



3. Date Incorporated or Qualified 12/30/1963	3a. Date of Last Report 02/09/1995
4. FEI Number 59-0863542	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**RHINEHART, ROBERT S. JR.
644 CAPITAL CIRCLE N.E.
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	2VD <input type="checkbox"/> DELETE	1.1 TITLE	1VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHA BELL	1.2 NAME	
STREET ADDRESS	230 W. HIGHLAND DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	2VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT HUISINGA	2.2 NAME	
STREET ADDRESS	2955 HARTLEY RD.	2.3 STREET ADDRESS	2955 Hartley Rd #108
CITY-ST-ZIP	JACKSONVILLE FL 32217	2.4 CITY-ST-ZIP	
TITLE	1VPD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW, ARNO	3.2 NAME	
STREET ADDRESS	115 HICKORY ST #202	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32904	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATE, DONALD	4.2 NAME	Sandra Cengebaugh
STREET ADDRESS	337 E. ROBERTSON STREET	4.3 STREET ADDRESS	960 Arthur Godfrey Rd #401
CITY-ST-ZIP	BRANDON FL 33511	4.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	STEPHENS, RALPH	5.2 NAME	
STREET ADDRESS	8202 N. ARMENIA AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

[Signature] 2VD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/96 904-268-5079

CR2E037 (12/95)