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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 706785

1. Corporation Name

**FLORIDA STATE ASSOCIATION OF SUPERVISORS OF ELEC
TIONS, INC.**

Principal Place of Business

P.O. BOX 669
TALLAHASSEE FL 32302
US

Mailing Address

P.O. BOX 669
TALLAHASSEE FL 32302
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/03/1964

4. FEI Number

59-3348295

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

9. Name and Address of Current Registered Agent

**LABASKY, RONALD A.
318 N. MONROE ST
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **D**

NAME **LABASKY, RONALD A**
STREET ADDRESS **318 N. MONROE STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **PD** ☐ DELETE

NAME **DEE BROWN**
STREET ADDRESS **402 SE 25TH AVE.**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **PE** ☐ DELETE

NAME **PAT HOLLARN**
STREET ADDRESS **1804 LEWIS TURNER BKVD., STE 404**
CITY-ST-ZIP **FT WALTON BCH FL 32547**

TITLE **VP** ☐ DELETE

NAME **DOT RUGGLES**
STREET ADDRESS **315 COURT ST**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **SD** ☐ DELETE

NAME **PAM IORIO**
STREET ADDRESS **601 E KENNEDY BLVD., 16TH FLOOR**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **TD** ☐ DELETE

NAME **BONNIE JONES**
STREET ADDRESS **223 S PALAFOX PLACE**
CITY-ST-ZIP **PENSACOLA FL 32574**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **Labasky, Ronald A.**
1.3 STREET ADDRESS **318 N. Monroe St.**
1.4 CITY-ST-ZIP **Tallahassee, FL 32301**

2.1 TITLE **PD** ☒ Change ☐ Addition

2.2 NAME **Pat Hollarn**
2.3 STREET ADDRESS **1804 Lewis Turner Blvd., Suite 404**
2.4 CITY-ST-ZIP **Ft. Walton Beach, FL 32547**

3.1 TITLE **PE** ☒ Change ☐ Addition

3.2 NAME **Dorothy Ruggles**
3.3 STREET ADDRESS **315 Court Street**
3.4 CITY-ST-ZIP **Clearwater, FL 33756**

4.1 TITLE **VP** ☒ Change ☐ Addition

4.2 NAME **Pam Iorio**
4.3 STREET ADDRESS **601 E. Kennedy Blvd., 16th Floor**
4.4 CITY-ST-ZIP **Tampa, FL 33602**

5.1 TITLE **SD** ☒ Change ☐ Addition

5.2 NAME **Bonnie Jones**
5.3 STREET ADDRESS **223 S. Palafox Place, Rm. 400**
5.4 CITY-ST-ZIP **Pensacola, FL 32501**

6.1 TITLE **TD** ☒ Change ☐ Addition

6.2 NAME **Doug Wilkes**
6.3 STREET ADDRESS **6564 Caroline St., Milton, FL 32570**
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 617.0503(1)(b) 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:

RONALD A. LABASKY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-99 850-222-3730

CR2E037 (11/98)