

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:05

DOCUMENT # **719311** (3)

1. Corporation Name
FLORIDA STATE CHAPTER OF INTERNATIONAL ASSOCIATION OF PERSONNEL IN EMPLOYMENT SECURITY

Principal Place of Business Mailing Address
114 ATKINS BUILDING TALLAHASSEE FL 32399-7660

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/06/1970	3a. Date of Last Report 04/11/1994
4. FEI Number 59-1022380	Applied For 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
Country	30

9. Name and Address of Current Registered Agent JOURS, LEO 114 ATKINS BUILDING 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	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Print Name of Registered Agent and the Corporation) _____ (Print Registered Agent Signature Registered After Incorporation) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 12)	
TITLE	V	11 TITLE	PRESIDENT ELECT (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTHALOW, GEORGE	12 NAME	Same
STREET ADDRESS	2139 MAIN ST	13 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	V (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, DEE	22 NAME	JOHNSON, MARY
STREET ADDRESS	2201 CANTU CT, STE 104	23 STREET ADDRESS	119 CALDWELL BUILDING
CITY, ST, ZIP	SARASOTA FL	24 CITY, ST, ZIP	TALLAHASSEE, FL. 32399
TITLE	PE	31 TITLE	P (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYMAN, FREYDA	32 NAME	HYMAN, FREYDA
STREET ADDRESS	701 SW 27TH AVE #47	33 STREET ADDRESS	8300 NW 53RD ST. SUITE 200
CITY, ST, ZIP	MIAMI FL	34 CITY, ST, ZIP	MIAMI, FL. 33166
TITLE	T (D)	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEASLEY, DIANNE	42 NAME	
STREET ADDRESS	155 U.S. 27 N STE 2	43 STREET ADDRESS	Same
CITY, ST, ZIP	SEBRING FL	44 CITY, ST, ZIP	
TITLE	S	51 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, JACKIE	52 NAME	MESSER, BARBARA
STREET ADDRESS	1320 EXECUTIVE CTR DR RM 222 ATKINS BLDG	53 STREET ADDRESS	840 PERRINE AVE
CITY, ST, ZIP	TALLAHASSEE FL	54 CITY, ST, ZIP	PERRINE, FL. 33157
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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)(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 in an attachment with an address.

SIGNATURE: Diannel Beasley Diannel Beasley 4/12/95 813 386.6060
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR (Date) (Telephone Number)