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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 719311 (3)

1. Corporation Name

FLORIDA STATE CHAPTER OF INTERNATIONAL ASSOCIATION OF PERSONNEL IN EMPLOYMENT SECURITY



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

Mailing Address
114 ATKINS BUILDING
TALLAHASSEE FL 32399

3. Date Incorporated or Qualified 08/06/1970	3a. Date of Last Report 04/24/1996
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
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 Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

OURS, LEO
114 ATKINS BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARTHALOW, GEORGE	
STREET ADDRESS	2139 MAIN ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	JOHNSON, MARY	
STREET ADDRESS	119 CALDWELL BUILDING	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	OROPEZA, DIANE	
STREET ADDRESS	500 S. FLORIDA AVENUE SUITE 510	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BEASLEY, DIANNE	
STREET ADDRESS	155 U.S. 27 N STE 2	
CITY-ST-ZIP	SEBRING FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MESSER, BARNARA	
STREET ADDRESS	840 PERRINE AVE	
CITY-ST-ZIP	PERRINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Johnson, Mary	
1.3 STREET ADDRESS	107 E. Madison St, Room 207	
1.4 CITY-ST-ZIP	Tallahassee, Fla 32399	
2.1 TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Oropeza, Diane	
2.3 STREET ADDRESS	500 S. Florida Ave, Ste 510,	
2.4 CITY-ST-ZIP	Lakeland, Fla 33801-6268	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Brown, William	
3.3 STREET ADDRESS	17430 SW 97th Avenue,	
3.4 CITY-ST-ZIP	Miami, Fla 33157-5478	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	650 Highway 60, West	
4.4 CITY-ST-ZIP	LAKE WALES, Fla 33853-4155	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Phillips, Jackie	
5.3 STREET ADDRESS	1264 Timberlane Rd,	
5.4 CITY-ST-ZIP	Tallahassee, Fla 32312-1710	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: Dianne L. Beasley Dianne L. Beasley 3/19/97 941-678-4155

CR2E037 (9/96)