

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90001 050 ****61.25

DOCUMENT # 719311

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

1729 JACKSON HATS DR
SEBRING FL 33870



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified
08/06/1970

4. FEI Number
59-1022380

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

BEASLEY, DIANNE
1729 JACKSON HATS DR
SEBRING FL 33870

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

33870

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

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

Dianne Beasley
(NOTE: Registered Agent signature required when reinstating)

7/9/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BROWN, WILLIAM
STREET ADDRESS 17430 S W 97 AVE
CITY-ST-ZIP PERRINE FL 33157-5478
☒ DELETE

TITLE PED
NAME JACKSON, WALTER
STREET ADDRESS 2320 COMMERCE PARK DR NE #3
CITY-ST-ZIP PALM BAY FL 32905
☒ DELETE

TITLE VPD
NAME LOSIEWICZ, JOAN
STREET ADDRESS 1320 EXECUTIVE CENTER DR
CITY-ST-ZIP TALLAHASSEE FL 32399-0667
☒ DELETE

TITLE TD
NAME BEASLEY, DIANNE
STREET ADDRESS 640 HIGHWAY 60 W
CITY-ST-ZIP LAKE WALES FL 33853-4467
☐ DELETE

TITLE S
NAME MESSER, BARBARA
STREET ADDRESS 17430 SW 97 AVE
CITY-ST-ZIP PERRINE FL 33157-5478
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Losiewicz, Joan
1.3 STREET ADDRESS 2061 TAYLOR RD
1.4 CITY-ST-ZIP TALLAHASSEE FL 32308
☐ Change ☒ Addition

2.1 TITLE PED
2.2 NAME Morrison, Bob
2.3 STREET ADDRESS Information Management Co
2.4 CITY-ST-ZIP 2077 Executive Ave Dr, 1001 Howard Blvd
TALLAHASSEE FL 32309
☐ Change ☒ Addition

3.1 TITLE VPD
3.2 NAME Adams, Kitt
3.3 STREET ADDRESS West Palm Beach 1+B
3.4 CITY-ST-ZIP 4100 Pinechobee Blvd,
West Palm Beach FL 33407
☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 116 Pinehurst Rd,
4.4 CITY-ST-ZIP Sebring FL 33870
☒ Change ☐ Addition

5.1 TITLE S
5.2 NAME Doreenly Dam
5.3 STREET ADDRESS 202 S E 4th St
5.4 CITY-ST-ZIP Port St Lucie FL 34984
☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

Dianne Beasley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/9/99
941-773-3151
941-471-2900

CR2E037 (5/99)

0014511