


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90224 011 \*\*\*\*61.25

**DOCUMENT # 744271**  
1. Entity Name  
**SOUTHEASTERN CONFERENCE FOR PUBLIC ADMINISTRATION, INC.**




Principal Place of Business Mailing Address  
4000 N HILLS DR #31 4000 N HILLS DR #31  
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021  
US US

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

11008040  
  
1st MOORE CR2E037 (10/04)

4. FEI Number **59-2639543** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FRANK, HOWARD A**  
**4000 N HILLS DR #31**  
**HOLLYWOOD FL 33021-2443**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>HENSLEY, KATHYRN</b><br><b>104 PARKVIEW CT.</b><br><b>LEXINGTON SC 29072</b> <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>RASSEL, GARY</b><br><b>4201 UNIVERSITY CITY BLVD</b><br><b>CHARLOTTE NC 28223</b> <input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HAYS, STEVEN</b><br><b>UNIV. OF SOUTH CAROLINE</b><br><b>COLUMBIA SC 29208</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>TOPONKA, JOHN</b><br><b>1401 NW 7TH ST.</b><br><b>MIAMI FL 33125</b> <input checked="" type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>I</b><br><b>FRANK, HOWARD</b><br><b>4000 N HILLS DR #31</b><br><b>HOLLYWOOD FL 33021</b> <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BOBES, STEVEN</b><br><b>1625 SW 83RD. AVE.</b><br><b>MIAMI FL 33155</b> <input checked="" type="checkbox"/> Delete        |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Director</b><br><b>Donna Handley</b><br><b>4238 1212 University Blvd.</b><br><b>Birmingham, Alabama 35294</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Mary Taylor</b><br><b>VICE President</b><br><b>Suite 105 Student Services</b><br><b>Knoxville, TN 37996-0213</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>Phin Xaypangna</b><br><b>600 East Fourth St.</b><br><b>Charlotte, NC 28214</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>Marcia Guffey</b><br><b>2901 South University</b><br><b>Little Rock, AK 72204</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                    |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Howard A. Frank Howard A. Frank 4/23/05 954.964.1147  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #