

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

CORPORATION ANNUAL REPORT 1995

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



APPROVED AND FILED

SEP 11 AM 8:48

DOCUMENT # 747488 (5)
1. Corporation Name
CENTRAL FLORIDA SOCIETY OF ASSOCIATION EXECUTIVE S, INC.

Principal Place of Business Mailing Address
222 S WESTMONTE DRIVE #101 P. O. BOX 150127 ALTAMONTE SPRINGS FL 32715-7127

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 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/04/1979 3a. Date of Last Report 04/27/1994
4. FEI Number 59-1880365 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KAUTTER, WILLARD S.
222 S WESTMONTE DRIVE, #101
ALTAMONTE SPRINGS FL 32714

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 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PE	11 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAHY, JAY	12 NAME	
STREET ADDRESS	1303 LIMIT AVENUE	13 STREET ADDRESS	
CITY ST ZIP	MOUNT DORA FL	14 CITY ST ZIP	
TITLE	P	21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNNER, BETH	22 NAME	
STREET ADDRESS	3717 S WONWAY RD	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDECHUK, BARBARA	32 NAME	MONAHAN, THOMAS
STREET ADDRESS	1805 HOTEL PLAZA BLVD.	33 STREET ADDRESS	214 ROYAL OAK CIRCLE
CITY ST ZIP	LAKE BURNA VISTA FL	34 CITY ST ZIP	LONGWOOD, FL 32779
TITLE	EVP	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUTTER, WILLARD	42 NAME	
STREET ADDRESS	222 S. WESTMONTE DRIVE	43 STREET ADDRESS	
CITY ST ZIP	ALTAMONTE SPRINGS FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINKEL, KATHY	52 NAME	
STREET ADDRESS	1633 E. VINE STREET, #206	53 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ANDY	62 NAME	SHOLANDER, MARK
STREET ADDRESS	105 LIVE OAKS GARDEN STE. #101	63 STREET ADDRESS	201 EAST PINE ST. SUITE 800
CITY ST ZIP	CASSELBERRY FL 32707	64 CITY ST ZIP	ORLANDO, FL 32801

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 of this filing, or as an attachment with an original.

SIGNATURE: WILLARD KAUTTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willard Kautter 4/25/95 (407) 774-7380