

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified **06/04/1979** 3a. Date of Last Report **05/01/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 28. Zip 29. Country 30. Country

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEAHY, JAY	1.2 NAME	Lara, Peggy
STREET ADDRESS	1303 LIMIT AVENUE	1.3 STREET ADDRESS	4162 Edgewater Drive
CITY-ST-ZIP	MOUNT DORA FL	1.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNNER, BETH	2.2 NAME	McDuffie, Lisa
STREET ADDRESS	3717 S WONWAY RD	2.3 STREET ADDRESS	135 W Central Blvd. #440
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONAHAN, THOMAS	3.2 NAME	
STREET ADDRESS	214 ROYAL OAK CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUTTER, WILLARD	4.2 NAME	
STREET ADDRESS	222 S. WESTMONTE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	PE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINKEL, KATHY	5.2 NAME	
STREET ADDRESS	1633 E. VINE STREET, #206	5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOLANDER, MARK	6.2 NAME	
STREET ADDRESS	201 EAST PINE ST. SUITE 800	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 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)(k), 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, as changed, or on an attachment with an address.

SIGNATURE: *Willard S. Kautter* 4/25/96 407/774-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)