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May 16 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 # 747488 (5)  
1. Corporation Name  
CENTRAL FLORIDA SOCIETY OF ASSOCIATION EXECUTIVE S, INC.

Principal Place of Business: 222 S WESTMONTE DRIVE #101, P. O. BOX 150127, ALTAMONTE SPRINGS FL 32715-7127  
Mailing Address: 222 S WESTMONTE DRIVE #101, P. O. BOX 150127, ALTAMONTE SPRINGS FL 32715-0127



2. Principal Place of Business: 4421 Gilpin Way, Orlando, FL 32812  
2a. Mailing Address: P.O. Box 560467, Orlando, FL 32856  
23. City & State: Orlando, FL  
24. Zip: 32812, Country: USA  
25. Zip: 32856, Country: USA

3. Date Incorporated or Qualified: 06/04/1979  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 59-1880365  
5. Certificate of Status Desired:  \$8.75 Additional Fees Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
6. 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: Londra H. Mead, 82 Street Address: 4421 Gilpin Way, 84 City: Orlando, FL, 85 Zip Code: 32812

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: *Londra H. Mead* DATE: 4/30/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LARA, PEGGY	1.1 TITLE	
NAME	4182 EDGEWATER DRIVE	1.2 NAME	
STREET ADDRESS	ORLANDO FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D MCDUFFIE, LISA	2.1 TITLE	D Belton Jennings, III
NAME	135 W. CENTRAL BLVD., #440	2.2 NAME	621 E. Central Blvd.
STREET ADDRESS	ORLANDO FL	2.3 STREET ADDRESS	Orlando, FL 32801
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MONAHAN, THOMAS	3.1 TITLE	D Barbara Miller
NAME	214 ROYAL OAK CIRCLE	3.2 NAME	7380 Sand Lake Rd., #500
STREET ADDRESS	LONGWOOD FL	3.3 STREET ADDRESS	Orlando, FL 32819
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	EVP KAUTTER, WILLARD	4.1 TITLE	EVP Londra H. Mead
NAME	222 S. WESTMONTE DRIVE	4.2 NAME	4421 Gilpin Way
STREET ADDRESS	ALTAMONTE SPRINGS FL	4.3 STREET ADDRESS	Orlando, FL 32812
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PE GINKEL, KATHY	5.1 TITLE	PE Kathy Ginkel
NAME	1633 E. VINE STREET, #206	5.2 NAME	1633 E. Vine St., #206
STREET ADDRESS	KISSIMMEE FL	5.3 STREET ADDRESS	Kissimmee, FL 34744
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	ST SHOLANDER, MARK	6.1 TITLE	PE Mark Sholander
NAME	201 EAST PINE ST. SUITE 800	6.2 NAME	201 E. Pine St., Ste. 800
STREET ADDRESS	ORLANDO FL	6.3 STREET ADDRESS	Orlando, FL 32801
CITY-ST-ZIP		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: *Londra H. Mead* DATE: 4/30/97 (407)275-3777

CR2E037 (9/96)