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Jan 30 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 # 758866 (8)

1. Corporation Name

NATIONAL ASSOCIATION OF EDUCATIONAL NEGOTIATORS,
INC.

Principal Place of Business

122 WHITE PINE DRIVE
SPRINGFIELD IL 62707
US

Mailing Address

122 WHITE PINE DRIVE
SPRINGFIELD IL 62707-8760
US



3. Date Incorporated or Qualified
06/23/1981

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2112656

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOELL, JAMES C
MARION COUNTY SCHOOL BD
512 SE THIRD ST
OCALA FL 32671

81 Name

SAME

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 617.1509, 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

Signature of registered agent or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstalling)

DATE

1-23-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE
NAME RICCIO, ALFRED T.
STREET ADDRESS P.O. BOX 601 NA
CITY- ST- ZIP BROWNVILLE NY

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE D ☐ DELETE
NAME JORGENSEN, NANCY
STREET ADDRESS 772 MCCOY ROAD
CITY- ST- ZIP FRANKLIN LAKES NJ

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE D ☐ DELETE
NAME DAMAS, STAN
STREET ADDRESS 1770 LINCOLN
CITY- ST- ZIP DENVER CO

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ST ☐ DELETE
NAME GWIN, MELBOURNE N.
STREET ADDRESS P.O. BOX 2766 N/A
CITY- ST- ZIP MERCED CA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE M ☐ DELETE
NAME KING, LYN D.
STREET ADDRESS 122 WHITE PINE DRIVE
CITY- ST- ZIP SPRINGFIELD IL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE P ☐ DELETE
NAME WARY, CURT
STREET ADDRESS 413 WEST STATE STREET
CITY- ST- ZIP TRENTON NJ

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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

CR2E037 (9/96)