

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 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 # **766927** (8)

1. Corporation Name

FLORIDA STATE ASSOCIATION OF THE NATIONAL ASSOCIATION OF PARLIAMENTARIANS

Principal Place of Business

Mailing Address

**04926 MAGNOLIA RIDGE RD
FRUITLAND PARK FL 34731**

**04926 MAGNOLIA RIDGE RD
FRUITLAND PARK FL 34731-5904**



3. Date Incorporated or Qualified
02/09/1983

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
23-7055029

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

**MARJORIE PICOT
04926 MAGNOLIA RIDGE RD
FRUITLAND PARK FL 34731**

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T
NAME **PORTZ, MARLA**
STREET ADDRESS **17785 SW 23RD ST**
CITY-ST-ZIP **MIRAMAR FL 33029**

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

PD
NAME **PICOT, MARJORIE**
STREET ADDRESS **04926 MAGNOLIA RIDGE RD**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

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

2VPD
NAME **CRAMER, DIXIE**
STREET ADDRESS **7509 W SEVEN RIVERS DR**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

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

1VPD
NAME **KALMAN, MARGARET**
STREET ADDRESS **8251 NE 8TH PL**
CITY-ST-ZIP **MIAMI FL 33138**

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

S
NAME **GUIBERSON, ANN**
STREET ADDRESS **890 LIVE OAK AVE NE**
CITY-ST-ZIP **ST PETERSBURG FL 33703**

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

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE: *M. Portz* MARJORIE PICOT 01/1997 766927

CR2E037 (9/96)