

FILE NOW: FILING FEE IS \$61.25

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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766927** (8)

1. Corporation Name

FLORIDA STATE ASSOCIATION OF THE NATIONAL ASSOCIATION OF PARLIAMENTARIANS



Principal Place of Business 04926 MAGNOLIA RIDGE RD FRUITLAND PARK FL 34731	Mailing Address 04926 MAGNOLIA RIDGE RD FRUITLAND PARK FL 34731
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3. Date Incorporated or Qualified 02/09/1983
4. FEI Number 23-7055029
Applied For ☐ Not Applicable

2. Principal Place of Business 21 8251 N.E. 8th Place Suite, Apt. #, etc. 22 City & State 23 Miami, FL 33138-4157 Zip Country 24 33138-4157 USA	2a. Mailing Address 26 8251 N.E. 8th Place Suite, Apt. #, etc. 27 City & State 28 Miami, FL 33138-4157 Zip Country 29 33138-4157 USA
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent MARJORIE PICOT 04926 MAGNOLIA RIDGE RD FRUITLAND PARK FL 34731
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10. Name and Address of New Registered Agent 81 Name MARGARET KALMAN 82 Street Address (P.O. Box Number is Not Acceptable) 8251 N.E. 8th Place 83 84 City Miami, FL 85 Zip Code 33138
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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 Margaret Kalman **MARGARET KALMAN, President** **February 12, 1998**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	T PORTZ, MARLA
STREET ADDRESS	17785 SW 23RD ST
CITY-ST-ZIP	MIRAMAR FL 33029
TITLE	☒ DELETE
NAME	PD PICOT, MARJORIE
STREET ADDRESS	04926 MAGNOLIA RIDGE RD
CITY-ST-ZIP	FRUITLAND PARK FL 34731
TITLE	☐ DELETE
NAME	2VPD CRAMER, DIXIE
STREET ADDRESS	7509 W SEVEN RIVERS DR
CITY-ST-ZIP	CRYSTAL RIVER FL 34429
TITLE	☐ DELETE
NAME	1VPD KALMAN, MARGARET
STREET ADDRESS	8251 NE 8TH PL
CITY-ST-ZIP	MIAMI FL 33138
TITLE	☒ DELETE
NAME	S GUIBERSON, ANN
STREET ADDRESS	880 LIVE OAK AVE NE
CITY-ST-ZIP	ST PETERSBURG FL 33703
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	2VPD CRIST, Louise
2.3 STREET ADDRESS	5220 Brittany Dr So #703
2.4 CITY-ST-ZIP	St Petersburg, FL 33715
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	IVPD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	PD
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	S AUSTIN, Carol
5.3 STREET ADDRESS	8210 Abbey Lane
5.4 CITY-ST-ZIP	Lutz, FL 33549
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: Margaret Kalman **MARGARET KALMAN** **February 12, 1998 (305) 758-1215**

CR2E037 (10/97)