FILE NOW: FILING FEE IS $61.25

FILED
Feb 20, 1999 8:00 am
Secretary of State
02-20-1999 90031 012 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766927

1. Corporation Name

FLORIDA STATE ASSOCIATION OF THE NATIONAL ASSOCI ATION OF PARLIAMENTARIANS

Principal Place of Business	Mailing Address
8251 NE 8TH PL MIAMI FL 33138-4157 US	8251 NE 8TH PL MIAMI FL 33138-4157 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/09/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7055029 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MARGARET KALMAN
8251 NE 8TH PL
MIAMI FL 33138

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PORTZ, MARLA		1.2 NAME		
STREET ADDRESS	17785 SW 23RD ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33029		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CRIST, LOUISE		2.2 NAME		
STREET ADDRESS	5220 BRITTANY DR S #703		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33715		2. 4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CRAMER, DIXIE		3.2 NAME		
STREET ADDRESS	7509 W SEVEN RIVERS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		3.4. CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KALMAN, MARGARET		4. 2 NAME		
STREET ADDRESS	8251 NE 8TH PL		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33138		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	AUSTIN, CAROL		5.2 NAME		
STREET ADDRESS	8210 ABBEY LN		5.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: Margaret Kalman MARGARET KALMAN President 1/19/99 (305) 758-1216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)