2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766927

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Feb 25, 2004 Secretary of State

Entity Name: FLORIDA STATE ASSOCIATION OF THE NATIONAL ASSOCIATION OF PARLIAMENTARIANS

Current Principal Place of Business: New Principal Place of Business: 890 LIVE OAK AVE. NE SAINT PETERSBURG, FL 337033168 US **Current Mailing Address: New Mailing Address:** 890 LIVE OAK AVE. NE SAINT PETERSBURG, FL 337033168 US FEI Number: 23-7055029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUIBERSON, ANN 890 LIVE OAK AVE. NE SAINT PETERSBURG, FL 337033168 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition PROCTOR, BARBARA LITTLE, ANDREA Name: Name: 12821 SW 13 MANOR Address: 10321 SW 22 AVE Address: City-St-Zip: DAVIE, FL 333255546 City-St-Zip: GAINESVILLE, FL 32607 US Title: OD Title: (X) Change () Addition () Delete GUIBERSON, ANN Name: GUIBERSON, ANN Name: Address: 890 LIVE OAK NE Address: 890 LIVE OAK NE City-St-Zip: SAINT PETERSBURG, FL 337033168 City-St-Zip: SAINT PETERSBURG, FL 337033168 US Title: VPD () Delete Title: **VPD** (X) Change () Addition AUSTIN, CAROL AUSTIN, CAROL Name: Name: 17210 ABBEY LANE Address: Address: 17210 ABBEY LANE City-St-Zip: LUTZ, FL 33549 City-St-Zip: LUTZ. FL 33549 US Title: SD () Delete Title: SD (X) Change () Addition THOMAS, CAROLYN THOMAS, CAROLYN Name: Name: 830 WAIKIKI Address: 830 WAIKIKI Address: City-St-Zip: MERRITT ISLAND, FL 329533276 City-St-Zip: MERRITT ISLAND, FL 329533276 US Title: () Delete Title: () Change (X) Addition PALM, JULIE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: ANN GUIBERSON P 02/25/2004

() Delete

1220 NW 153RD STREET

1136 WATERFALL LANE LAKELAND, FL 338037915 US

KUVER, JOAN

N. MIAMI BEACH, FL 331625853 US

() Change (X) Addition