2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005
Secretary of State

DOCUMENT# 766927

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

Current Principal Place of Business:

890 LIVE OAK AVE. NE
SAINT PETERSBURG, FL 337033168 US

New Principal Place of Business:

Current Mailing Address:

890 LIVE OAK AVE. NE
SAINT PETERSBURG, FL 337033168 US

New Mailing Address:

FEI Number: 23-7055029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUIBERSON, ANN
890 LIVE OAK AVE. NE
SAINT PETERSBURG, FL 337033168 US

Name and Address of New Registered Agent:

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:

Title:	TD	( ) Delete
Name:	LITTLE, ANDREA	
Address:	10321 SW 22 AVE	
City-St-Zip:	GAINESVILLE, FL 32607 US	
Title:	PD	( ) Delete
Name:	GUIBERSON, ANN	
Address:	890 LIVE OAK NE	
City-St-Zip:	SAINT PETERSBURG, FL 337033168 US	
Title:	VPD	( ) Delete
Name:	AUSTIN, CAROL	
Address:	17210 ABBEY LANE	
City-St-Zip:	LUTZ, FL 33549 US	
Title:	SD	( ) Delete
Name:	THOMAS, CAROLYN	
Address:	830 WAIKIKI	
City-St-Zip:	MERRITT ISLAND, FL 329533276 US	
Title:	D	( ) Delete
Name:	PALM, JULIE	
Address:	1220 NW 153RD STREET	
City-St-Zip:	N. MIAMI BEACH, FL 331625853 US	
Title:	D	( ) Delete
Name:	KUVER, JOAN	
Address:	1136 WATERFALL LANE	
City-St-Zip:	LAKELAND, FL 338037915 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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.

SIGNATURE: ANN GUIBERSON PD 02/07/2005

Electronic Signature of Signing Officer or Director — Date