2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2007
Secretary of State

DOCUMENT# 766927

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

Current Principal Place of Business:

18210 ABBEY LANE
LUTZ, FL 335484965 US

New Principal Place of Business:

Current Mailing Address:

18210 ABBEY LANE
LUTZ, FL 335484965 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:

AUSTIN, CAROL A
18210 ABBEY LANE
LUTZ, FL 335484965 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:	DAUSTER, NANCY	
Address:	2861 SANCHO PANZA CRT.	
City-St-Zip:	PUNTA GORDA, FL 339506353 US	
Title:	PD	( ) Delete
Name:	AUSTIN, CAROL A	
Address:	18210 ABBEY LANE	
City-St-Zip:	LUTZ, FL 335484965 US	
Title:	VPD	( ) Delete
Name:	PALM, JULIE	
Address:	1220 N.W. 153RD ST.	
City-St-Zip:	N. MIAMI BEACH, FL 331625853 US	
Title:	SD	( ) Delete
Name:	CASTRO, IVELISSE	
Address:	1762 SW 16TH ST.	
City-St-Zip:	MIAMI, FL 331451427 US	
Title:	D	( ) Delete
Name:	THOMAS, CAROLYN	
Address:	830 WAIKIKI	
City-St-Zip:	MERRITT ISLAND, FL 329533276 US	
Title:	D	( ) Delete
Name:	DEMARSET, DOROTHY	
Address:	3634 ZION PARK COURT	
City-St-Zip:	NAPLES, FL 341127302 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 Chapter 119, 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: CAROL A. AUSTIN PD 02/04/2007

Electronic Signature of Signing Officer or Director — Date