

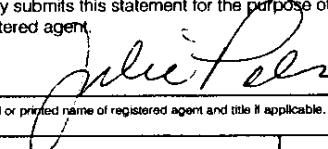
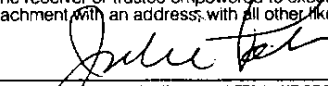


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90079 049 \*\*\*\*61.25

<b>DOCUMENT # 766927</b> 1. Entity Name <b>FLORIDA STATE ASSOCIATION OF THE NATIONAL ASSOCIATION OF PARLIAMENTARIANS</b>					
Principal Place of Business <b>18210 ABBEY LANE LUTZ, FL 33548-4965 US</b>			Mailing Address <b>18210 ABBEY LANE LUTZ, FL 33548-4965 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1220 N.E. 153rd St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1220 N.E. 153rd St.</b> Suite, Apt. #, etc.		<b>40074876</b>  	
City & State <b>N. Miami Beach, FL</b>		City & State <b>N. Miami Beach, FL</b>		4. FEI Number <b>23-7055029</b>	
Zip <b>33162-5853</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AUSTIN, CAROL A 18210 ABBEY LANE LUTZ, FL 33548-4965</b>				7. Name and Address of New Registered Agent Name <b>Julie Palm</b> Street Address (P.O. Box Number is Not Acceptable) <b>1220 N.E. 153rd St.</b>  City <b>N. Miami Beach</b> <b>FL</b> Zip Code <b>33162</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  <b>JULIE PALM, PRESIDENT</b> <b>5-17-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAUSTER, NANCY 2861 SANCHO PANZA CRT. PUNTA GORDA, FL 339506353	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAUSTER, NANCY 2861 SANCHO PANZA CRT. PUNTA GORDA, FL 33950-6353	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUSTIN, CAROL A 18210 ABBEY LANE LUTZ, FL 335484965	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALM, JULIE 1220 N.W. 153rd ST. N. MIAMI BEACH, FL 33162-5853	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PALM, JULIE 1220 N.W. 153RD ST. N. MIAMI BEACH, FL 331625853	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD- COY, EUGENE K. 275 EVERGREEN ST. PUNTA GORDA, FL 33982-8215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASTRO, IVELISSE 1762 SW 16TH ST. MIAMI, FL 331451427	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRODBECK, SHIRLEY 318 PEACE MANOR PALMETTO, FL 34221-5421	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, CAROLYN 830 WAIKIKI MERRITT ISLAND, FL 329533276	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRUMAN, DAVID T. 3818 SAN LORENZO DR. PUNTA GORDA, FL 33950-7811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMARSET, DOROTHY 3634 ZION PARK COURT NAPLES, FL 341127302	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>JULIE PALM, PRESIDENT</b> <b>5-17-08</b> <b>305-947-2099</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					