

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766927

FILED  
Feb 06, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1220 NE 153RD ST  
N. MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

1220 NE 153RD ST  
N. MIAMI BEACH, FL 33162 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:**

PALM, JULIE  
1220 NE 153RD ST  
N. MIAMI BEACH, FL 33162 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: VD ( ) Delete  
Name: DAUSTER, NANCY  
Address: 2861 SANCHO PANZA CRT.  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: PD ( ) Delete  
Name: PALM, JULIE  
Address: 1220 NW 153RD ST  
City-St-Zip: N. MIAMI BEACH, FL 33162 US

Title: VD ( ) Delete  
Name: COY, EUGENE K  
Address: 275 EVERGREEN ST  
City-St-Zip: PUNTA GORDA, FL 33982 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 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: JULIE PALM

DP

02/06/2009

Electronic Signature of Signing Officer or Director

Date