2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State
01-24-2003 90052 020 ****61.25

DOCUMENT # 766927

1. Entity Name
FLORIDA STATE ASSOCIATION OF THE NATIONAL ASSOCI ATION OF PARLIAMENTARIANS

Principal Place of Business	Mailing Address
5220 BRITTANY DR S SUITE 703 SAINT PETERSBURG FL 33715-1532 US	5220 BRITTANY DR S SUITE 703 SAINT PETERSBURG FL 33715-1532 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
890 Live Oak Ave NE	890 Live Oak Ave NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. Petersburg, FL	City & State: ST. Petersburg, FL
Zip: 33703-3168 Country: US	Zip: 33703-3168 Country: US

4. FEI Number 23-7055029 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRIST, LOUISE
5220 BRITTANY DRIVE SOUTH
SUITE 703
SAINT PETERSBURG FL 33715-1532

7. Name and Address of New Registered Agent

Name: Ann Guiberson
Street Address (P.O. Box Number is Not Acceptable): 890 Live Oak Ave NE
City: ST Petersburg FL Zip Code: 33703-3168

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: Ann Guiberson President — ANN Guiberson (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) — January 12, 2003 (DATE)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PROCTOR, BARBARA 12821 SW 13 MANOR DAVIE FL 33325-5546	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CRIST, LOUISE 5220 BRITTANY DR S #703 ST PETERSBURG FL 33715	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GUIBERSON, ANN 8906 LIVE OAK AVENUE NE SAINT PETERSBURG FL 33703-3168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FD Ann Guiberson 890 Live Oak Ave NE ST. Petersburg, FL 33703-3168 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD AUSTIN, CAROL 17210 ABBEY LANE LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KNOWLES, JACQUELINE 671 WEST 80 STREET HIALEAH FL 33014-4161	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Carolyn Thomas 830 Waikiki Merritt Island, FL 32953-3276 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: SIGNATURE REQUIRED — 1-12-03 — 727-347-7655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #