2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005
Secretary of State

DOCUMENT# N06542

Entity Name: THE FLORIDA SOCIETY OF ASSOCIATION EXECUTIVES FOUNDATION, INC.

Current Principal Place of Business:

444 APPLEYARD DR
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 11119
TALLAHASSEE, FL 323023119 US

New Mailing Address:

FEI Number: 59-2485277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRENO, LINDA S
PO BOX 11119
TALLAHASSEE, FL 32302 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:	T	( ) Delete
Name:	SCOVOTTO, LARRY	
Address:	821 N US 1 STE B	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	T	( ) Delete
Name:	PHELAN, WILLIAM J	
Address:	P O BOX 1459	
City-St-Zip:	TALLAHASSEE, FL 32302	
Title:	T	( ) Delete
Name:	ADAMS, MARGO S	
Address:	521 E. PARK AVENEU	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	P	( ) Delete
Name:	BRAINERD, S JAMES	
Address:	PO BOX 12129	
City-St-Zip:	TALLAHASSEE, FL 32317	
Title:	VP	( ) Delete
Name:	CORY, KEYNA D	
Address:	P O BOX 1347	
City-St-Zip:	TALLAHASSEE, FL 32302	
Title:	PP	( ) Delete
Name:	MCRAE, HERBERT W	
Address:	3230 CONSTELLATION CT	
City-St-Zip:	TALLAHASSEE, FL 32312	

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: LINDA S CHRENO SEC 03/18/2005
Electronic Signature of Signing Officer or Director — Date