

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N21858** (8)

1. Corporation Name

**NATIONAL ASSOCIATION OF STATE VOCAL ORGANIZATION  
S, INC.**

Principal Place of Business

**7485 EAST KENYON AVE.  
DENVER CO 80237**

Mailing Address

**7485 EAST KENYON AVE.  
DENVER CO 80237**



3. Date Incorporated or Qualified  
**08/03/1987**

3a. Date of Last Report  
**03/15/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-2845782**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RESIDENT AGENT CORPORATION OF PINELLAS CTY  
980 TYRONE BLVD., NORTH  
ST. PETERSBURG FL 33710**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **WIMBERLY, GEORGE**  
STREET ADDRESS **9009 IMMELMANN CT.**  
CITY - ST - ZIP **FAIR OAKS CA 95628**

1.1 TITLE **DP** ☒ Change ☐ Addition

1.2 NAME **WIMBERLY, GEORGE**  
1.3 STREET ADDRESS **11625 E. OLD SPANISH TR.**  
1.4 CITY - ST - ZIP **TUCSON, AZ 85730**

TITLE **VD** ☐ DELETE

NAME **GRAHAM, JEAMBEY**  
STREET ADDRESS **7485 E. KENYON AVE.**  
CITY - ST - ZIP **DENVER CO 80237**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE **S** ☐ DELETE

NAME **WIMBERLY, LESLEY**  
STREET ADDRESS **9009 IMMELMANN COURT**  
CITY - ST - ZIP **FAIR OAKS CA 95628-8116**

3.1 TITLE **DS** ☒ Change ☐ Addition

3.2 NAME **WIMBERLY, LESLEY**  
3.3 STREET ADDRESS **11625 E. OLD SPANISH TR.**  
3.4 CITY - ST - ZIP **TUCSON, AZ 85730**

TITLE **D** ☐ DELETE

NAME **DARLEY, MIKE**  
STREET ADDRESS **16630 IMPERIAL VALLEY DR. SUITE 255**  
CITY - ST - ZIP **HOUSTON TX 77060**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **KATHERINE ROBINSON**  
4.3 STREET ADDRESS **400 BROWNING AVE.**  
4.4 CITY - ST - ZIP **TAKOMA PARK, MD 20912**

TITLE **D** ☐ DELETE

NAME **OWENS, TOM**  
STREET ADDRESS **P.O. BOX 892 N/A**  
CITY - ST - ZIP **NASH TX 75569**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **L. NELSON McALEXANDER**  
5.3 STREET ADDRESS **8535 BAYMEADOWS RD., SUITE 44**  
5.4 CITY - ST - ZIP **JACKSONVILLE, FL, 32256**

TITLE **D** ☐ DELETE

NAME **RUPP, AL**  
STREET ADDRESS **P.O. BOX 152736 N/A**  
CITY - ST - ZIP **SAN DIEGO CA 92195**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **REBECCA MILLER**  
6.3 STREET ADDRESS **2020 WINDOW BAY**  
6.4 CITY - ST - ZIP **DELIANCE, OH 43612**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

*Graham Jeambe* **GRAHAM JEAMBEY**

**Feb. 6, 1996** (303) 770-5096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)