

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21858** (8)  
1. Corporation Name  
**NATIONAL ASSOCIATION OF STATE VOCAL ORGANIZATION  
S, INC.**

Principal Place of Business Mailing Address  
**7485 EAST KENYON AVE.  
DENVER CO 80237**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified  
**08/03/1987**  
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**  
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>L. NELSON MCALEXANDER</b>	
STREET ADDRESS	<b>8535 BAYMEADOWS RD., STE 44</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KATHERINE ROBINSON</b>	
STREET ADDRESS	<b>6580 MAPLE N.W. #2</b>	
CITY-ST-ZIP	<b>WASHINGTON D.</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DONNA TURNER</b>	
STREET ADDRESS	<b>P.O. BOX 9182 N/A</b>	
CITY-ST-ZIP	<b>CHANDLER HEIGHTS AZ</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VERNON FOSTER</b>	
STREET ADDRESS	<b>1933 W. MAIN ST., #5 174</b>	
CITY-ST-ZIP	<b>MESA AZ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LINDARUTH ESTES</b>	
STREET ADDRESS	<b>PO BOX 9182 N/A</b>	
CITY-ST-ZIP	<b>CHANDLER HEIGHTS AZ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RUPP, AL</b>	
STREET ADDRESS	<b>P.O. BOX 152736 N/A</b>	
CITY-ST-ZIP	<b>SAN DIEGO CA 92195</b>	

1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>GEORGE WIMBERLY</b>	
1.3 STREET ADDRESS	<b>11625 E. OLD SPANISH TR.</b>	
1.4 CITY-ST-ZIP	<b>TUCSON, AZ 85730</b>	
2.1 TITLE	<b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>GRAHAM JEAMBEY</b>	
2.3 STREET ADDRESS	<b>7485 EAST KENYON AVE</b>	
2.4 CITY-ST-ZIP	<b>DENVER, CO 80237</b>	
3.1 TITLE	<b>SEC.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>LESLEY D. WIMBERLY</b>	
3.3 STREET ADDRESS	<b>11625 E. OLD SPANISH TR.</b>	
3.4 CITY-ST-ZIP	<b>TUCSON, AZ 85730</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Lesley D. Wimberly* **LESLEY D. WIMBERLY (SEC)** **APR 15, 1998** **782-1968** (520)

CR2E037 (10/97)