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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21858

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE P ☐ DELETE

NAME WIMBERLY, GEORGE
STREET ADDRESS 11625 E OLD SPANISH TR
CITY-ST-ZIP TUCSON AZ 85730

TITLE D ☐ DELETE

NAME KATHERINE ROBINSON
STREET ADDRESS 6980 MAPLE N.W. #2
CITY-ST-ZIP WASHINGTON D.

TITLE D ☐ DELETE

NAME DONNA TURNER
STREET ADDRESS P.O. BOX 9182 N/A
CITY-ST-ZIP CHANDLER HEIGHTS AZ

TITLE VP ☐ DELETE

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

TITLE D ☐ DELETE

NAME LINDARUTH ESTES
STREET ADDRESS PO BOX 9182 N/A
CITY-ST-ZIP CHANDLER HEIGHTS AZ

TITLE D ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

14 JAN 99 (520) 722-1968

CR2E037 (1/98)