SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
98 OCT -9 PM 1:41
SECRETARY OF STATE

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DOCUMENT # N40853 (6)

1. Corporation Name
FLORIDA ASSOCIATION FOR STAFF DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
200 S. ORANGE AVE. 2300 ORLANDO FL 32801-3432 US	200 S. ORANGE AVE. 2300 ORLANDO FL 32801-3432 US

3. Date Incorporated or Qualified: 11/15/1990
4. FEI Number: 59-2267095 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 445 W. Amelia Street	26 P.O. Box 361
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Orlando, FL	28 City & State: BROOKSVILLE, FL
24 Zip: 32801 25 Country: US	29 Zip: 34605 30 Country: US

9. Name and Address of Current Registered Agent

A.G.C., CO.
200 SOUTH ORANGE AVE.
SUITE 2300
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83 900002662699--5
-10/13/98--01053--001
84 City *****61.25 FL 85 Zip Code *****61.25

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	HARVEY-PRATT, ROSA		1.2 NAME	Carolyn Robinson	
STREET ADDRESS	1080 LABARON DR		1.3 STREET ADDRESS	445 W. Amelia St.	
CITY-ST-ZIP	MIAMI SPRINGS FL		1.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	PE	☒ DELETE	2.1 TITLE	PE	☒ Change ☐ Addition
NAME	CRIGGER, VAN		2.2 NAME	Janey DuPont	
STREET ADDRESS	120 LOWERY PLACE		2.3 STREET ADDRESS	35 Martin Luther King Blvd.	
CITY-ST-ZIP	FT. WALTON BEACH FL		2.4 CITY-ST-ZIP	Quincy, FL 32351	
TITLE	D	☐ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	SNYDER, BARRY		3.2 NAME	Susan Bassler	
STREET ADDRESS	513 HICKORY RD		3.3 STREET ADDRESS	6125 Riverclub Blvd.	
CITY-ST-ZIP	INVERNESS FL		3.4 CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	PP	☒ DELETE	4.1 TITLE	PP	☒ Change ☐ Addition
NAME	JOHNSON, CAROL		4.2 NAME	Van Crigger	
STREET ADDRESS	46 BREAM ST		4.3 STREET ADDRESS	120 Lowery Place	
CITY-ST-ZIP	HAINES CITY FL		4.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32548	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	ROBINSON, CAROLYN		5.2 NAME	Dr. Margaret Miller	
STREET ADDRESS	200 S. ORANGE AVE., STE, 2300		5.3 STREET ADDRESS	UCF-College of Ed.-Rm. 115	
CITY-ST-ZIP	ORALNDO FL		5.4 CITY-ST-ZIP	Orlando, FL 32816	3
TITLE	T	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	VERNER, MARY		6.2 NAME	Joanne Kasperk	
STREET ADDRESS	991 VARSITY DR.	1	6.3 STREET ADDRESS	1080 La Baron Drive	
CITY-ST-ZIP	BROOKSVILLE FL		6.4 CITY-ST-ZIP	Miami Springs, FL 33166	2

CR2E037 (5/98)

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: Mary Verner - MARY VERNER - TREAS. 9/28/98 (352) 799-7016
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #