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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N40853**

1. Corporation Name

FLORIDA ASSOCIATION FOR STAFF DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
445 W. AMELIA STREET ORLANDO FL 32801 US	P.O. BOX 361 BROOKSVILLE FL 34605

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	11/15/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2267095 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
A.G.C., CO. 200 SOUTH ORANGE AVE. SUITE 2300 ORLANDO FL 32801	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 _____ 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	☐ Change ☐ Addition
NAME	ROBINSON, CAROLYN		1.2 NAME	
STREET ADDRESS	445 W. AMELIA STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-ST-ZIP	
TITLE	PE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DUPONT, JANEY		2.2 NAME	
STREET ADDRESS	35 MARTIN LUTHER KING BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BASSLER, SUSAN		3.2 NAME	
STREET ADDRESS	6125 RIVERCLUB BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34202		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	VERNER, MARY		4.2 NAME	
STREET ADDRESS	991 VARSITY DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, MARGARET DR.		5.2 NAME	
STREET ADDRESS	UCF COLLEGE OF EDUCATION, RM. 115		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32816		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KASPERT, JOANNE		6.2 NAME	
STREET ADDRESS	1080 LABARON DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		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: Mary Verner SIGNATURE REQUIRED Treas. 1/4/99 (352) 797-7016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)