

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N46859 (7)

1. Corporation Name

FLORIDA ASSOCIATION OF SCHOLARS, INC.

FILED

93 APR 27 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

1515 HICKORY AVENUE  
TALLAHASSEE FL 32303

2869 D PARLANE  
TALLAHASSEE FL 32301-6866

same

3. Date Incorporated or Qualified  
01/16/1992

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 2869 D PARLANE

2a. Mailing Address

25 Suite, Apt. #, etc.

22 TALLAHASSEE

27 Suite, Apt. #, etc.

23 FL

28 City & State

24 32301-6866

29 Zip

Country

30 Country

4. FEI Number

59-3142149

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

81 Name

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

2869 Par Lane

83

84 City

Tallahassee

FL

85 Zip Code

32301

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME DYE, THOMAS, R.  
STREET ADDRESS 1057 DEL HAVEN DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33483

1.1 TITLE P  
1.2 NAME DEROGA, MARSHALL  
1.3 STREET ADDRESS 2869 D PARLANE  
1.4 CITY-ST-ZIP TALLAHASSEE FL 32301-6866

TITLE VP  
NAME CUZAN, ALFRED G.  
STREET ADDRESS P.O. BOX 15389 NA  
CITY-ST-ZIP PENSACOLA FL 32514

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE C  
NAME WOLLAN, LAURIN A JR.  
STREET ADDRESS 1515 HICKORY AVE.  
CITY-ST-ZIP TALLAHASSEE FL 32303

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME CZAJKOSKI, EUGENE H  
STREET ADDRESS 2340 KILKENNY EAST  
CITY-ST-ZIP TALLAHASSEE FL 32308

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME EHRlich, PAUL  
STREET ADDRESS 108 N.W. 22ND DRIVE  
CITY-ST-ZIP GAINESVILLE FL 32605

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME GENTRY, DAVID  
STREET ADDRESS 3917 N.W. 27TH PLACE  
CITY-ST-ZIP GAINESVILLE FL 32605

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)