FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 AM 8:33

DOCUMENT # N94000000036 (3)

1. Corporation Name
THE ACADEMY OF PARLIAMENTARY PROCEDURE AND LAW, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
11300 4TH STREET NORTH STE. 216 ST. PETERSBURG FL 33716-9	11300 4TH STREET NORTH STE. 216 ST. PETERSBURG FL 33716-9

3. Date Incorporated or Qualified: 01/05/1994
3a. Date of Last Report:
4. FEI Number: 59-2195066 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
WHARRIE, ROBERT E ESQ. 11300 4TH STREET NORTH STE. 216 ST. PETERSBURG FL 33716-9	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 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE	D ☒ Change ☒ Addition
NAME	OVERBY, MYRTLE A	1.2 NAME	STICKELER, CARL ANN
STREET ADDRESS	4570 PINEBROOK CIRCLE UNIT 107-1	1.3 STREET ADDRESS	102 ALMOND ROAD
CITY-ST-ZIP	BRADENTON FL 34209	1.4 CITY-ST-ZIP	OCALA, FL 34472
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	MCELVEIN, PRISCILLA	2.2 NAME	McElvein, Priscilla
STREET ADDRESS	4612 ROUND FOREST CIRCLE	2.3 STREET ADDRESS	97 Carey Lane
CITY-ST-ZIP	BIRMINGHAM AL 35213	2.4 CITY-ST-ZIP	Falmouth, MA 02540-1630
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	REED, MAURICE L	3.2 NAME	
STREET ADDRESS	3875 JAMESTOWN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD OH 45502	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SAMS, UNDINE	4.2 NAME	
STREET ADDRESS	2361 N.W. 31ST ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☒ Addition
NAME	BEARSS, MARY	5.2 NAME	Stephens, Joyce L
STREET ADDRESS	14225 LAKE MAGDALENE BLVD.	5.3 STREET ADDRESS	P.O. Box 5043
CITY-ST-ZIP	TAMPA FL 33618	5.4 CITY-ST-ZIP	Clearwater, FL 34620
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DILLARD, TALLIE	6.2 NAME	
STREET ADDRESS	3631 LOCKSLEY DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTAIN BROOK AL 35223	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Carl Ann Stickeler 1/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068441