


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000036 (3)**

1. Corporation Name

THE ACADEMY OF PARLIAMENTARY PROCEDURE AND LAW, INC.

Principal Place of Business

**11300 4TH STREET NORTH
STE. 418 150
ST. PETERSBURG FL 33716-9**

Mailing Address

**11300 4TH STREET NORTH
STE. 418 150
ST. PETERSBURG FL 33716-9**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WHARRIE, ROBERT E ESQ.
11300 4TH STREET NORTH
STE. 418 150
ST. PETERSBURG FL 33716-9**

3. Date Incorporated or Qualified

01/05/1994

3a. Date of Last Report

02/02/1995

4. FEI Number

69-2195066

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☐ No

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	D	<input type="checkbox"/> DELETE
NAME	STICKELER, CARL ANN	
STREET ADDRESS	102 ALMOND ROAD	
CITY - ST - ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MC ELVEIN, PRISCILLA	
STREET ADDRESS	97 CAREY LANE	
CITY - ST - ZIP	FALMOUTH MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REED, MAURICE L	
STREET ADDRESS	3875 JAMESTOWN ROAD	
CITY - ST - ZIP	SPRINGFIELD OH 45502	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAMS, UNDINE	
STREET ADDRESS	2361 N.W. 31ST ST	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEPHEN, JOYCE L.	
STREET ADDRESS	P.O. BOX 5013 1846 SUNRISE BLVD	
CITY - ST - ZIP	CLEARWATER FL 34620	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DILLARD, TALLIE	
STREET ADDRESS	3831 LOCKSLEY DRIVE	
CITY - ST - ZIP	MOUNTAIN BROOK AL 35223	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL ANN STICKELER

7/1/96

Date

352-624-2794

Daytime Phone #

CR2E037 (3/96)