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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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

Mailing Address

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

11300 4TH STREET NORTH
STE. 150
ST. PETERSBURG FL 33716-2939

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/05/1994

3a. Date of Last Report
07/23/1996

4. FEI Number
69-2195066

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

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-STATE-ZIP

D T
STICKLER, CARL ANN
102 ALMOND ROAD
OCALA FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D
MC ELVEIN, PRISCILLA
97 CAREY LANE
FALMOUTH MA

☒ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D
REED, MAURICE L
3875 JAMESTOWN ROAD
SPRINGFIELD OH 45502

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D
SAMS, UNDINE
2361 N.W. 31ST ST
MIAMI FL 33142

☒ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D
STEPHEN, JOYCE L.
1846 SUNRISE BLVD. /
CLEARWATER FL 34620

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D
DILLARD, TALLIE
3631 LOCKSLEY DRIVE
MOUNTAIN BROOK AL 35223

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP ☐ Change ☒ Addition

Phyllis Wood
409 NORWOOD
SATELLITE BEACH FL 32937

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP ☒ Change ☐ Addition

NAOMI J. CROWELL
17 FOLTE DRIVE
CHATTANOOGA TN 37415

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

FRANKLIN B. McKEONIE, MD
1620 MAYFLOWER COURT
WINTER PARK FL 32792

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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. 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 NAOMI J. CROWELL

4-9-97 (305) 477-5323

CR2E037 (9/96)