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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90114 030 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000000036**

1. Corporation Name

**THE ACADEMY OF PARLIAMENTARY PROCEDURE AND LAW, INC.**

Principal Place of Business

102 ALMOND RD  
OCALA FL 34472  
US

Mailing Address

102 ALMOND RD  
OCALA FL 34472  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/05/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		69-2195066	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

STICKELER, CARL ANN  
102 ALMOND RD  
OCALA FL 34472

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STICKELER, CARL ANN	1.2 NAME	BEARSS, MARY L
STREET ADDRESS	102 ALMOND ROAD	1.3 STREET ADDRESS	14225 LAKE MAGDALENE AV
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33618
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROWELL, NAOMI	2.2 NAME	OVERBY, MYATLE
STREET ADDRESS	17 FOLTE DR	2.3 STREET ADDRESS	4570 PINEBROOK CIRCLE #107
CITY-ST-ZIP	CHATTANOOGA TN	2.4 CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MAURICE L	3.2 NAME	REED, MAURICE L
STREET ADDRESS	3875 JAMESTOWN ROAD	3.3 STREET ADDRESS	3875 Jamestown Road
CITY-ST-ZIP	SPRINGFIELD OH 45502	3.4 CITY-ST-ZIP	Spring Field, OH 45502
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKECHNIE, FRANKLIN S M.D	4.2 NAME	
STREET ADDRESS	1620 MAYFLOWER CT B606	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, PHYLLIS	5.2 NAME	WOOD, PHYLLIS
STREET ADDRESS	409 NORWOOD AVE	5.3 STREET ADDRESS	409 NORWOOD AVE
CITY-ST-ZIP	SATELLITE BEACH FL 32937	5.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	SECRETARY/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLARD, TALLIE	6.2 NAME	DILLARD, TALLIE
STREET ADDRESS	3631 LOCKSLEY DRIVE	6.3 STREET ADDRESS	3631 LOCKSLEY DRIVE
CITY-ST-ZIP	MOUNTAIN BROOK AL 35223	6.4 CITY-ST-ZIP	Mountain Brook, AL 35223

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: Carl Ann Stickeler CARL ANN STICKELER (352) 624-2794