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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000341 (7)

1. Corporation Name

AMERICAN INSTITUTE FOR NONPROFIT MANAGEMENT, INC



Principal Place of Business

Mailing Address

1800 SECOND STREET
STE 715
SARASOTA FL 34236
US1800 SECOND STREET
STE 715
SARASOTA FL 34236-5903
US3. Date Incorporated or Qualified
01/24/19943a. Date of Last Report
03/29/1996

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

4. FEI Number
65-0470606Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

CROUSE, JOHN L
CROUSE INVESTMENTS
STE 715
SARASOTA FL 34236

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Chairman
NAME CROUSE, JOHN L
STREET ADDRESS 1800 2ND ST STE 715
CITY - ST - ZIP SARASOTA FL
☐ DELETE1.1 TITLE Director
1.2 NAME Bob Perkins
1.3 STREET ADDRESS 1800 2nd St. Suite 905
1.4 CITY - ST - ZIP SARASOTA
☐ Change ☒ AdditionTITLE D Secretary
NAME KARPATY, ZOLTAN
STREET ADDRESS 73 SOUTH PALM AVE, SUITE 222
CITY - ST - ZIP SARASOTA FL 34236
☒ DELETE2.1 TITLE TREASURER
2.2 NAME RAY NEFF
2.3 STREET ADDRESS 2601 Cattleman Rd.
2.4 CITY - ST - ZIP SARASOTA, FL.
☐ Change ☒ AdditionTITLE D
NAME STAECKER, DEL
STREET ADDRESS 14502 N. DALE MABRY, SUITE 200
CITY - ST - ZIP TAMPA FL 33618
☒ DELETE3.1 TITLE Director
3.2 NAME Denise Roberts
3.3 STREET ADDRESS 60 S. Tamiami Trail #B
3.4 CITY - ST - ZIP Venice, FL.
☐ Change ☐ AdditionTITLE Vice Chairman
NAME Alexander L. Young
STREET ADDRESS 1750 17th #J-2
CITY - ST - ZIP SARASOTA, FL.
☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE Secretary
NAME Zoltan Karpaty
STREET ADDRESS 1800 2nd St. Suite 104
CITY - ST - ZIP SARASOTA, FL. 34236
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - 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; 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: John L. Crouse Chairman 1/28/97 9419571271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0061143

CR2E037 (9/96)