

FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000341 (7)**

1. Corporation Name

**AMERICAN INSTITUTE FOR NONPROFIT MANAGEMENT, INC**



Principal Place of Business <b>1800 SECOND STREET STE 715 SARASOTA FL 34236 US</b>	Mailing Address <b>1800 SECOND STREET STE 715 SARASOTA FL 34236 US</b>
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3. Date Incorporated or Qualified <b>01/24/1994</b>
4. FEI Number <b>65-0470606</b>
Applied For Not Applicable

2. Principal Place of Business <b>21 1445 Second Street</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26 1445 Second Street</b> Suite, Apt. #, etc. <b>27</b>
City & State <b>23 SARASOTA, FL</b>	City & State <b>28 SARASOTA, FL</b>
Zip <b>24 34236</b>	Country <b>25 U.S.A.</b>
Zip <b>29 34236</b>	Country <b>30 U.S.A.</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CROUSE, JOHN L CROUSE INVESTMENTS STE 715 SARASOTA FL 34236</b>	
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10. Name and Address of New Registered Agent <b>81 Name Alexander L. Young</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 1445 Second Street</b> <b>83</b> <b>84 City SARASOTA FL 85 Zip Code 34236</b>	
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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 *Alexander L. Young* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROUSE, JOHN L</b>	1.2 NAME	
STREET ADDRESS	<b>1800 2ND ST STE 715</b>	1.3 STREET ADDRESS	<b>1408 State Street</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	<b>34236</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERKINS, BOB</b>	2.2 NAME	
STREET ADDRESS	<b>1800 2ND ST., SUITE 905</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEFF, RAY</b>	3.2 NAME	
STREET ADDRESS	<b>2801 CATTLEMAN RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, DENISE</b>	4.2 NAME	
STREET ADDRESS	<b>801 S. TAMiami TRAIL, #B</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VC</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, ALEXANDER L.</b>	5.2 NAME	
STREET ADDRESS	<b>1750 17TH #J2</b>	5.3 STREET ADDRESS	<b>1445 Second Street</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	5.4 CITY-ST-ZIP	<b>34236</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>CHAIRMAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KARPATHY, ZOLTAN</b>	6.2 NAME	<b>Karpathy, Zoltan</b>
STREET ADDRESS	<b>1800 2ND ST., SUITE 104</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	6.4 CITY-ST-ZIP	

1.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1408 State Street</b>
1.4 CITY-ST-ZIP	<b>34236</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>1445 Second Street</b>
5.4 CITY-ST-ZIP	<b>34236</b>
6.1 TITLE	<b>CHAIRMAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Karpathy, Zoltan</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Zoltan Karpathy* 14 April '98 (94) 955-4883

CR2E037 (10/97)