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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
 1999

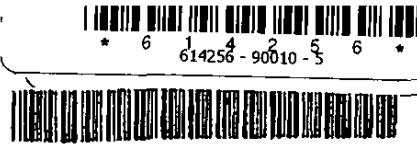
FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000000341

1. Corporation Name
 AMERICAN INSTITUTE FOR NONPROFIT MANAGEMENT, INC

Principal Place of Business
 1445 SECOND ST 1800 Second St.
 SARASOTA FL 34238 Suite 104
 US 104

Mailing Address
 1445 SECOND ST 1800 Second St.
 SARASOTA FL 34238 Suite 104
 US 104



2. Principal Place of Business
 1800 Second St.
 Suite, Apt. #, etc. Suite 104
 City & State SARASOTA FL
 Zip 34236 Country US

2a. Mailing Address
 1800 Second St.
 Suite, Apt. #, etc. Suite 104
 City & State SARASOTA FL
 Zip 34236 Country US

3. Date Incorporated or Qualified
 01/24/1994

4. FEI Number
 65-0470608

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Name and Address of Current Registered Agent
 YOUNG, ALEXANDER L
 1445 SECOND ST
 SARASOTA FL 34238

8. Name and Address of New Registered Agent
 81 Name ZOLTAN KARPATY
 82 Street Address (P.O. Box Number is Not Acceptable) 1800 Second St. Suite 104
 83 City SARASOTA FL 84 Zip Code 34236

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 transferring and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: 6/29/99

NOTE: Registered Agent signature required when replacing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE D NAME CROUSE, JOHN L STREET ADDRESS 1408 STATE ST CITY-ST-ZIP SARASOTA FL 34238	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2. TITLE T NAME NEFF, RAY STREET ADDRESS 2601 CATTLEMAN RD. CITY-ST-ZIP SARASOTA FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3. TITLE D NAME ROBERTS, DENISE STREET ADDRESS 601 S TAMAMI TRAIL #B CITY-ST-ZIP VENICE FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4. TITLE VC NAME YOUNG, ALEXANDER L STREET ADDRESS 1445 SECOND ST CITY-ST-ZIP SARASOTA FL 34238	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5. TITLE D NAME KARPATY, ZOLTAN STREET ADDRESS 1800 2ND ST., SUITE 104 CITY-ST-ZIP SARASOTA FL 34236	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6. TITLE D NAME YOUNG, ALEXANDER STREET ADDRESS 1445 SECOND ST. CITY-ST-ZIP SARASOTA FL 34236	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: [Signature] DATE: 6/29/99

6/29/99 (941) 955-4483

CR2E037 (5/98)