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07-09-1999 90002 036 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

* 6 614256 - 90010 - 5 6 *

DOCUMENT # N94000000341

1. Corporation Name
AMERICAN INSTITUTE FOR NONPROFIT MANAGEMENT, INC

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

2. Principal Place of Business: 1800 Second St.	2a. Mailing Address: 1800 Second St.	3. Date Incorporated or Qualified: 01/24/1994
Suite, Apt. #, etc.: Suite 104	Suite, Apt. #, etc.: Suite 104	4. FEI Number: 65-0470606 ☐ Applied For ☐ Not Applicable
City & State: SARASOTA FL	City & State: SARASOTA FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip: 34236 Country: USA	Zip: 34236 Country: USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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

10. Name and Address of New Registered Agent
Name: ZOLTAN KARPATHY
Street Address (P.O. Box Number is Not Acceptable): 1800 Second St. # 104
City: SARASOTA FL 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 familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 6/9/99

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 34236	☐ DELETE	☐ Change ☐ Addition
TITLE: T / NAME: ~~NEFF, RAY~~ / STREET ADDRESS: ~~2601 CATTLEMAN RD.~~ / CITY-ST-ZIP: ~~SARASOTA FL~~	☒ DELETE	☐ Change ☐ Addition
TITLE: D / NAME: ~~ROBERTS, DENISE~~ / STREET ADDRESS: ~~601 S. TAMIAMI TRAIL, 4B~~ / CITY-ST-ZIP: ~~VENICE FL~~	☒ DELETE	☐ Change ☐ Addition
TITLE: VC / NAME: ~~YOUNG, ALEXANDER L~~ / STREET ADDRESS: ~~1445 SECOND ST~~ / CITY-ST-ZIP: ~~SARASOTA FL 34238~~	☒ DELETE	☐ Change ☐ Addition
(2) TITLE: D / NAME: KARPATHY, ZOLTAN / STREET ADDRESS: 1800 2ND ST., SUITE 104 / CITY-ST-ZIP: SARASOTA FL 34236	☐ DELETE	☐ Change ☐ Addition
(3) TITLE: D / NAME: YOUNG, ALEXANDER / STREET ADDRESS: 1445 SECOND ST. / CITY-ST-ZIP: SARASOTA, FL 34236	☐ DELETE	☐ 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] REQUIRED 6/9/99 (941) 955-4483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/98)