FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:27

DOCUMENT # **N94000001746 (6)**

1. Corporation Name

1994 NATIONAL SPEAKERS' CONFERENCE COMMITTEE, IN C.

Principal Place of Business	Mailing Address
P.O. BOX 10764 TALLAHASSEE FL 32302	P.O. BOX 10764 TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1994
3a. Date of Last Report:
4. FEI Number: 59-3242141 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FREDERICK, THERESA B
~~OFFICE OF THE SPEAKER, FLORIDA H.O.R.~~ 317 Gwain Lane
~~420 THE CAPITOL~~
TALLAHASSEE FL ~~32399-1300~~ 32301

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ Address _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	JOHNSON, BOLLEY L	12 NAME	Johnson, Bolley L
STREET ADDRESS	~~420 THE CAPITOL~~	13 STREET ADDRESS	P. O. Box 1392 / 421 N. Palafox St.
CITY-ST-ZIP	~~TALLAHASSEE FL 32399-1300~~	14 CITY-ST-ZIP	Pensacola, FL 32596-1392
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	FREDERICK, THERESA B	22 NAME	Frederick, Theresa B.
STREET ADDRESS	~~420 THE CAPITOL~~	23 STREET ADDRESS	317 Gwain Lane
CITY-ST-ZIP	~~TALLAHASSEE FL 32399-1300~~	24 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	TEDCASTLE, TOM (N/H)	32 NAME	
STREET ADDRESS	420 THE CAPITOL	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32399-1300	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	ALBRITTON, GAIL K	42 NAME	Albritton, Gail K
STREET ADDRESS	~~601 THE CAPITOL~~	43 STREET ADDRESS	1772 Silverwood Dr.
CITY-ST-ZIP	~~TALLAHASSEE FL 32399-1300~~	44 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] (D) 4/28/95 904 878-1092
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
GAIL K. ALBRITTON, DR

0027049