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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

STREET ADDRESS

N94000001746 (6) **DOCUMENT #** 

1994 NATIONAL SPEAKERS' CONFERENCE COMMITTEE, IN Principal Place of Business Mailing Address P.O. BOX 10764 P.O. BOX 10764 TALLAHASSEE FL 32302 TALLAHASSEE FL 32302 3a. Date of Last Report 3. Date Incorporated or Qualified 04/06/1994 05/01/1995 Applied For 4 FELNumber 2a. Mailing Address 2. Principal Place of Business 59-3242141 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Zip Yes XNo Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 82 FREDERICK, THERESA B 317 GWAIN LANE 83 **420 THE CAPITOL** Zip Code TALLAHASSEE FL 32301 85 84 City 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change ☐ Addition DELETE 1.1 TITLE TITLE CR2E037 1.2 NAME JOHNSON, BOLLEY L NAME **MEMODRESS** 1 3 STREET ADDRESS P O BOX 1392 1.4 CITY - ST - ZIP PENSACOLA FL Change Addition DELETE 2 1 TITLE TITLE 22 NAME FREDERICK, THERESA B NAME 23 STREET ADDRESS 317 GWAIN LANE STREET ADDRESS 2 4 CITY - ST - ZIP TALLAHASSEE FL CITY-ST-ZIP ■ Addition Change DELETE 3 1 TITLE TITLE 3.2 NAME NAME TEDCASTLE, TOM 3.3 STREET ADDRESS **420 THE CAPITOL** STREET ADDRESS 3 4. CITY - ST-ZIP TALLAHASSEE FL 32399-1300 CITY-S1-ZIP Addition ☐ Change DELETE TITLE 4 2 NAME ALBRITTON, GAIL K NAME 4.3 STREET ADDRESS 1732 SILVERWOOD DR STREET ADDRESS TALLAHASSEE FL 44 CITY - ST-ZIP C+TY - ST - ZIP Change Addition DELETE 5 1 TITLE TiTLE 7000018688<u>6</u>7 5.2 NAME . NAME -06/20/96--01021--030 5 3 STREET ADDRESS STREET ADDRESS \*\*\*61.25 5 4 CiTY - ST - ZiP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME

14. I do hereby certify that the information supplied with this filting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes flurther 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block /2 or Block /3 if changed, or on an attachment with an address therea B. Frederick SIGNATURE

6.3 STREET ADDRESS

64 CITY-ST-ZIP

CADU - 488-1188