

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N95000000273

1. Corporation Name

SOCIETY OF HOSTS, INC.

Principal Place of Business

1 CHAMPIONS WAY
STE 4100 FSU
TALLAHASSEE FL 32306-541
US

Mailing Address

1 CHAMPIONS WAY
STE 4100 FSU
TALLAHASSEE FL 32306-541
US



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 12 PM 2:50

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/06/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3285467	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PADGETT, TIMOTHY D 211 S GADSDEN STREET TALLAHASSEE FL 32301				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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1.1 TITLE	500003018703	
NAME	BELL, JEFF	<input type="checkbox"/> DELETE	1.2 NAME	-10/19/99--01073--004	
STREET ADDRESS	8 PIEDMONT CENTER, SUITE 720		1.3 STREET ADDRESS	*****61.25 *****61.25	
CITY-ST-ZIP	ATLANTA GA 30305		1.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	2.1 TITLE	DT Marsh, Jim	
NAME	RISCIGNO, JIM	<input checked="" type="checkbox"/> DELETE	2.2 NAME	8974 Winged Foot Dr.	
STREET ADDRESS	3030 LBJ FREEWAY		2.3 STREET ADDRESS	Tallahassee, FL 32312	
CITY-ST-ZIP	DALLAS TX		2.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	3.1 TITLE	DV Wagner, Bill	
NAME	MARSH, JIM	<input type="checkbox"/> DELETE	3.2 NAME	1155 Blue Rd.	
STREET ADDRESS	8974 WINGED FOOT DR		3.3 STREET ADDRESS	Coral Gables, FL 33146	
CITY-ST-ZIP	TALLAHASSEE FL 32312		3.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	4.1 TITLE	DS Montgomery, Gail	
NAME	WAGNER, BILL	<input type="checkbox"/> DELETE	4.2 NAME	Rt. 3 Box 470	
STREET ADDRESS	1155 BLUE RD		4.3 STREET ADDRESS	Monticello, FL 32344	
CITY-ST-ZIP	CORAL GABLES FL 33146		4.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	5.1 TITLE		
NAME	TOWERS, JAY	<input type="checkbox"/> DELETE	5.2 NAME		
STREET ADDRESS	5510 W LASALLE ST, #200		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		5.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	6.1 TITLE		
NAME		<input type="checkbox"/> DELETE	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE:

JAMES MARSH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/99

Date

850.644.8528

Daytime Phone #

0014027

CR2E037 (5/99)