

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000002640 (9)**

1. Corporation Name
THE NATIONAL ASSOCIATION FOR FINANCIAL EDUCATION, INC.



Principal Place of Business Mailing Address
4215 KINGSWOOD DRIVE TALLAHASSEE FL 32303

3. Date Incorporated or Qualified **06/07/1995** 3a. Date of Last Report

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-3330460	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POTTS, BETTY J 4215 KINGSWOOD DRIVE TALLAHASSEE FL 32303				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 **Betty J. Potts** *Betty J. Potts* 1/26/96
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		<input type="checkbox"/> DELETE	1.1 TITLE	Pres/Secy/Treas/Director	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			1.2 NAME	Betty J. Potts			
STREET ADDRESS			1.3 STREET ADDRESS	4215 Kingswood Drive			
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Tallahassee, FL 32303-7113			
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	Chairman of the Board/Dir	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			2.2 NAME	Larry D. Potts			
STREET ADDRESS			2.3 STREET ADDRESS	4215 Kingswood Drive			
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Tallahassee, FL 32303-7113			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	Director	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			3.2 NAME	Christopher D. Potts			
STREET ADDRESS			3.3 STREET ADDRESS	4215 Kingswood Drive			
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Tallahassee, FL 32303-7113			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME	800001715438			
STREET ADDRESS			5.3 STREET ADDRESS	-02/15/96-01029-009			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***61.25			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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)(k), 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: **Betty J. Potts** *Betty J. Potts* 1/26/96 904-562-0445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)