## **2007 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCLIMENT # N9600001973



**FILED** Mar 19, 2007 8:00 am Secretary of State

1. Entity Name CONFERENCE OF AAU REGISTRARS, INC.								03-19-2007	7 90053 0	44 ****61	1.25	
Principal Place of Business 2033 MAIN ST STE 303 SARASOTA, FL 34236  Mailing Address P.O. BOX 2704 SARASOTA, FL 34230						<b>.</b>			12  2 2  1  60  1 60  1		#  <b># 0 0</b>  0 1	414101 B1 1881
2. Principal F	Place of Busin	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03152007	Chg-NP	CR2E	037 (12/06)	ı	
City & State			City & State					4. FEI Numbe 65-066				Applied For Not Applicable
Zip	ip Country			Zip Cou			5. Certificate of Status Desired \$8.75 Additions Fee Required					
6. Name and Address of Current Registered Agent								7. Name and	Address of Nev	v Registered	l Agent	,
WHO CHECOD H						Name						
KING, CLIFFORD M 2033 MAIN ST STE 303						Street Address (P.O. Box Number is Not Acceptable)						
SARASOT	A, FL 342	236 -			ĺ							
						City				F	_	
8. The above the obligat	named entiti ions of regist	ty submits this statement for tered agent.	r the purp	ose of changing its	registere	ed office o	r register	ed agent, or bot	h, in the State of	Florida. I an	n familiar with	n, and accept
SIGNATURE	au .	d or printed name of registered agent :	4.04.9					····	•.	<u></u>	_	
										DATE		
		or printed traine or registered agents	ала ше п врр	icable. (NOTE	:: Registere	u Agentalyna	lure required	when reinstating)		DATE		
	Filing Fe	ee is \$61.25 May 1, 2007	and the filesp	9. Election Carr Trust Fund C	npaign F	inancing	lure required	\$5.00 May B Added to Fees		Make che	ck payable artment of	
10.	Filing Fe Due by N	ee is \$61.25		9. Election Carr Trust Fund C	npaign F	inancing		\$5.00 May B Added to Fees		Make che lorida Depa	ertment of \$	N 10
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indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/2007

(812) 855-2654

Roland A. Cote

Daytime Phone #