

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED

95 APR 20 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P25534 (9)**  
1. Corporation Name  
**NATIONAL SOCIETY OF TAX PROFESSIONALS CORPORATIO  
N**

Principal Place of Business Mailing Address  
**6108 N.E. HWY. #104.  
VANCOUVER WA 98665** **6108 N.E. HWY. #104.  
VANCOUVER WA 98665**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/08/1989** 3a. Date of Last Report **02/07/1994**  
4. FEI Number **91-1289294** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**CLAMPETT, PAULA  
305 HARRISON AVE.,  
PANAMA CITY FL 32401**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD**  
NAME **HANSEN, ERIK**  
STREET ADDRESS **202 S. CALDWELL ST.**  
CITY-ST-ZIP **BREVARD NC**  
TITLE **SD**  
NAME **HENDERSON, EDWARD**  
STREET ADDRESS **7115 NW MT. LAKE WAY**  
CITY-ST-ZIP **VANCOUVER WA**  
TITLE **D**  
NAME **BROWN, BILL**  
STREET ADDRESS **3214 SE 172 AVE**  
CITY-ST-ZIP **CAMAS WA**  
TITLE **PD**  
NAME **COOKE, TOM**  
STREET ADDRESS **4825 GREAT OAK ROAD**  
CITY-ST-ZIP **ROCKVILLE MD**  
TITLE **D**  
NAME **HOHOL, RICHARD**  
STREET ADDRESS **130 E ELM ST #204**  
CITY-ST-ZIP **ROSELIE IL**  
TITLE **D**  
NAME **LONGLEY, HOWARD**  
STREET ADDRESS **ROUTE 1, BOX 79 N/A**  
CITY-ST-ZIP **BIG SANDY TX**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **Hansen, Erik**  
1.3 STREET ADDRESS **202 S. Caldwell ST.**  
1.4 CITY-ST-ZIP **Brevard, NC**  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE **T** ☐ Change ☒ Addition  
4.2 NAME **George Robertson**  
4.3 STREET ADDRESS **4381 Green Oaks Blvd. W 207**  
4.4 CITY-ST-ZIP **Arlington, TX 76016**  
5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **Ronald Larson**  
5.3 STREET ADDRESS **9899-A West Bell Road**  
5.4 CITY-ST-ZIP **Sun City, AZ 85351**  
6.1 TITLE **VD** ☒ Change ☐ Addition  
6.2 NAME **Longley, Howard**  
6.3 STREET ADDRESS **Route 1, Box 79 N/A**  
6.4 CITY-ST-ZIP **Big Sandy, TX**

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: **Edward Henderson** **Edward Henderson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-14-95** **(360)695-8309**

Date Daytime Phone