

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 # P25534 (9)

1. Corporation Name

NATIONAL SOCIETY OF TAX PROFESSIONALS CORPORATION
N



Principal Place of Business

6108 N.E. HWY. #104
VANCOUVER WA 98665

Mailing Address

6108 N.E. HWY. #104
VANCOUVER WA 98665

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/08/1989

3a. Date of Last Report

04/20/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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 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

TITLE ☐ DELETE

NAME
D HANSEN, ERIK
STREET ADDRESS
2025 CALDWELL ST.
CITY-ST-ZIP
BREVARD NC

TITLE ☐ DELETE

NAME
SD HENDERSON, EDWARD
STREET ADDRESS
7115 NW MT. LAKE WAY
CITY-ST-ZIP
VANCOUVER WA

TITLE ☐ DELETE

NAME
D BROWN, BILL
STREET ADDRESS
3214 SE 172 AVE
CITY-ST-ZIP
CAMAS WA

TITLE ☐ DELETE

NAME
T ROBERTSON, GEORGE
STREET ADDRESS
4381 GREEN OAKS BLVD., W207
CITY-ST-ZIP
ARLINGTON TX

TITLE ☐ DELETE

NAME
D LARSON, RONALD
STREET ADDRESS
9899-A WEST BELL ROAD
CITY-ST-ZIP
SUN CITY AZ

TITLE ☐ DELETE

NAME
VD 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 ☐ Change ☒ Addition

NAME
D Cooke, Thomas
STREET ADDRESS
P.O. Box 4640
CITY-ST-ZIP
Rockville, MD 20849

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 ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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: Edward Henderson / Edward Henderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96

Date

(360) 695-8309

Daytime Phone #

CR2E037 (12/95)