


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P25534** (9)
1. Corporation Name
**NATIONAL SOCIETY OF TAX PROFESSIONALS CORPORATIO
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Principal Place of Business 6108 N.E. HWY. #104. VANCOUVER WA 98665	Mailing Address 6108 N.E. HWY. #104. VANCOUVER WA 98665
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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		3. Date Incorporated or Qualified 08/08/1989		3a. Date of Last Report 03/05/1996	
4. FEI Number 91-1289294		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		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 CLAMPETT, PAULA 305 HARRISON AVE., PANAMA CITY FL 32401				10. Name and Address of New Registered Agent 81 Name Greta Barnard 82 Street Address (P.O. Box Number is Not Acceptable) 114 7th Street 83 84 City Chuluota FL 85 Zip Code 32766			
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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]* DATE **1-10-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSEN, ERIK 2025 CALDWELL ST. BREVARD NC <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Director Greta Barnard 114 7th Street - P.O. Box 660518 Chuluota, FL 32766 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ENDERSON, EDWARD 7115 NW MT. LAKE WAY VANCOUVER WA <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Director Laurie Conner 417 Cascade Drive Wilbur, GA 30247 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, BILL 3214 SE 172 AVE CAMAS WA <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Paul Lamoraca #200 121 E. Broad St. Falls Church, VA 22046-4520 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTSON, GEORGE 4381 GREEN OAKS BLVD., W207 ARLINGTON TX <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T Robertson, George 4000 Rockhill Ct. Arlington, TX 76016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, RONALD 9899-A WEST BELL ROAD SUN CITY AZ <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LONGLEY, HOWARD ROUTE 1, BOX 79 N/A BIG SANDY TX <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	P Longley, Howard Rt. 1, Box 779 Big Sandy, TX 75755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: *[Signature]* DATE **1-10-97** DAYTIME PHONE **407-365-6204**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)