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**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90063 008 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P25534**

1. Corporation Name

**NATIONAL SOCIETY OF TAX PROFESSIONALS CORPORATIO  
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

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/08/1989

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

9. Name and Address of Current Registered Agent

**BARNCORD, GRETA  
114 7TH ST  
CHULVOTA FL 32766**

*chulvota, FL 32766*

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 **D** ☐ DELETE

NAME **BARNCORD, GRETA**  
STREET ADDRESS **114 7TH ST. P.O. BOX 660518 N/A**  
CITY-ST-ZIP **CHULVOTA FL**

TITLE **D** ☐ DELETE

NAME **CONNER, LAURIE**  
STREET ADDRESS **417 CASCADE DR**  
CITY-ST-ZIP **LILBURN GA**

TITLE **D** ☐ DELETE

NAME **LAMONACA, PAUL**  
STREET ADDRESS **131 E BROAD ST #200**  
CITY-ST-ZIP **FALLS CHURCH VA**

TITLE **T** ☐ DELETE

NAME **ROBERTSON, GEORGE**  
STREET ADDRESS **4000 ROCKHILL COURT**  
CITY-ST-ZIP **ARLINGTON TX**

TITLE **D** ☐ DELETE

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

TITLE **P** ☐ DELETE

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

*chulvota, FL 32766*

*Correction  
in spelling*

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**DIRECTOR**

**1-28-99**

**407-365-6204**

CR2E037 (11/98)