

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25534

FILED
Mar 11, 2004
Secretary of State**Entity Name:** NATIONAL SOCIETY OF TAX PROFESSIONALS {CORPORATION}**Current Principal Place of Business:**10818 NE COXLEY DRIVE
SUITE A
VANCOUVER, WA 98662**New Principal Place of Business:****Current Mailing Address:**PO BOX 2575
VANCOUVER, WA 98668**New Mailing Address:**10818 NE COXLEY DRIVE
SUITE A
VANCOUVER, WA 98662**FEI Number:** 91-1289294**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BARNCORD, GRETA
114 7TH ST
CHULUOTA, FL 32766**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BARNCORD, GRETA
Address: 114 7TH ST. P.O. BOX 660518 N/A
City-St-Zip: CHULUOTA, FL 32766

Title: D () Delete
Name: CONNER, LAURIE
Address: 417 CASCADE DR
City-St-Zip: LILBURN, GA

Title: VP () Delete
Name: LAMONACA, PAUL
Address: 131 E BROAD ST #200
City-St-Zip: FALLS CHURCH, VA

Title: D () Delete
Name: LEAMON, DOROTHY
Address: 3770 B CLEMMONS ROAD
City-St-Zip: CLEMMONS, NC 27012

Title: P () Delete
Name: LARSON, RONALD
Address: 9899-A WEST BELL ROAD
City-St-Zip: SUN CITY, AZ

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SNOWDEN, FREDERICK
Address: 643 WEST STATE STREET
City-St-Zip: ALLIANCE, OH 44601

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL LAMONACA

VP

03/11/2004

Electronic Signature of Signing Officer or Director

Date