

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 # P35015

(7)

1. Corporation Name

AMERICAN BUSINESS AND CONSUMERS ADVISORY ASSOCIATION INC.



Principal Place of Business

Mailing Address

P.O. BOX 40672
INDIANAPOLIS IN 46240

P.O. BOX 40672
INDIANAPOLIS IN 46240

3. Date Incorporated or Qualified
08/08/1991

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SEELEY, PATRICIA L.
STREET ADDRESS 627 LIONS CREEK DRIVE
CITY - ST - ZIP NOBLESVILLE IN

☐ DELETE

1.1 TITLE President
1.2 NAME Patricia L. Seeley
1.3 STREET ADDRESS 35 Lions Creek Ct S.
1.4 CITY - ST - ZIP Noblesville IN 46060

☒ Change ☐ Addition

TITLE VD
NAME GILL, MARVIN
STREET ADDRESS 263 EDEN PARK LANE
CITY - ST - ZIP HEBER SPRINGS FL

☒ DELETE

2.1 TITLE V. Pres
2.2 NAME Lowell Williams
2.3 STREET ADDRESS 1106 N. Meridian # 102, Anderson IN 46016

☐ Change ☒ Addition

TITLE SD
NAME DALE, CHERYL A.
STREET ADDRESS 4159 S. RIDGEVIEW ROAD
CITY - ST - ZIP ANDERSON IN

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME O'NEILL, MICHAEL
STREET ADDRESS 2202 SKYHAWK DRIVE
CITY - ST - ZIP FT. WAYNE IN

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME SULLIVAN, JAMES F.
STREET ADDRESS 7364 AVALON TRAIL ROAD
CITY - ST - ZIP INDIANAPOLIS IN

☒ DELETE

5.1 TITLE Director
5.2 NAME Paul Critten
5.3 STREET ADDRESS 1201 N. Main St, Monticello, IN 47960

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Patricia L. Seeley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

Date

317-843-5748

Daytime Phone #

CR2E037 (12/95)