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Feb 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

P.O. BOX 40672
INDIANAPOLIS IN 46240

Mailing Address

P.O. BOX 40672
INDIANAPOLIS IN 46240-0672



3. Date Incorporated or Qualified
08/08/1991

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

4. FEI Number

35-1742793

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

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

OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SEELEY, PATRICIA L.	
STREET ADDRESS	627 LIONS CREEK DRIVE	
CITY-ST-ZIP	NOBLESVILLE IN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, LOWELL	
STREET ADDRESS	1106 N. MERIDIAN #102	
CITY-ST-ZIP	ANDERSON IN	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DALE, CHERYL A.	
STREET ADDRESS	4159 S. RIDGEVIEW ROAD	
CITY-ST-ZIP	ANDERSON IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'NEILL, MICHAEL	
STREET ADDRESS	2202 SKYHAWK DRIVE	
CITY-ST-ZIP	FT. WAYNE IN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ORITTEN, PAUL	
STREET ADDRESS	1201 N. MAIN ST.	
CITY-ST-ZIP	MONTICELLO IN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Patricia L. Seeley
1.3 STREET ADDRESS	35 Lions Cr. Ct. So
1.4 CITY-ST-ZIP	Noblesville IN 46060
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Jerry Patishall(Director) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	915 Jackson
6.3 STREET ADDRESS	Anderson IN 47016
6.4 CITY-ST-ZIP	

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: Patricia L. Seeley (Patricia L. Seeley)

1/31/97 317-843-5748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0075929

CR2E037 (9/96)