

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 27 PM 3: 59

DOCUMENT # **P35424** (1)  
1. Corporation Name  
**NATIONAL ASSOCIATION OF GRADUATE - PROFESSIONAL STUDENTS, INC.**

Principal Place of Business Mailing Address  
**6017 NW 27TH TERR. GAINESVILLE FL 32606** **6017 NW 27TH TERR. GAINESVILLE FL 32606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/06/1991</b>	3a. Date of Last Report <b>02/17/1994</b>
4. FEI Number <b>52-1449185</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CAPECE, JOHN C.</b> <b>6017 NW 27TH TERRACE</b> <b>GAINESVILLE FL 32606</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULLEN, BONITA	1.2 NAME	
STREET ADDRESS	P.O. BOX 10712 TAMU N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	COLLEGE STATION TX 77842	1.4 CITY - ST - ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSATI, ANTHONY	2.2 NAME	
STREET ADDRESS	2314 44TH ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC 20007	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JINGIRIAN, VRAM	3.2 NAME	
STREET ADDRESS	521 BLOOMFIELD AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	NUTLEY NJ 07110	3.4 CITY - ST - ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, JOHN	4.2 NAME	
STREET ADDRESS	P.O. BOX 13735 UNT N/A	4.3 STREET ADDRESS	
CITY - ST - ZIP	DENTON TX 76203	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, KAREN	5.2 NAME	
STREET ADDRESS	5052 MITHUN PL NE	5.3 STREET ADDRESS	
CITY - ST - ZIP	SEATTLE WA 98105	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPECE, JOHN	6.2 NAME	
STREET ADDRESS	6017 NW 27TH TERR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	6.4 CITY - ST - ZIP	

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 110.07(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 individual or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or 13 if changed, or our appointment with an address.

SIGNATURE: John Capece Date: 1/15/95 9043751340  
PRINT NAME AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #