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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765958 (4)

1. Corporation Name
FLORIDA HIGH SCHOOLS MODEL UNITED NATIONS, INC.

Principal Place of Business U.S.F. 3055 TAMPA FL 33620	Mailing Address U.S.F. 3055 TAMPA FL 33620
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2. Principal Place of Business 21 USF 30504	2a. Mailing Address 26 USF 30504
Suite, Apt. #, etc. 22 4202 EAST FOWLER AVENUE	Suite, Apt. #, etc. 27 4202 EAST FOWLER AVENUE
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip 24 33620-3050	Country 25 HILLSBOROUGH
Zip 29 33620-3050	Country 30 HILLSBOROUGH

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/03/1982	3a. Date of Last Report 04/20/1994
4. FEI Number 59-2274688	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 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	

9. Name and Address of Current Registered Agent

**SPIEGEL, GEORGE A.
1808 W. BURKE ST.
TAMPA FL 33604**

10. Name and Address of New Registered Agent

81 Name GERALD R. JOHNSTON
82 Street Address (P.O. Box Number is Not Acceptable) 1908 W. BURKE ST.
83
84 City TAMPA
85 Zip Code FL 33604

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 *Gerald R. Johnston* **GERALD R. JOHNSTON Chair of 1903-10-95**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE SGD	NAME JOHNSTON, GERALD R.
STREET ADDRESS 4702 RIVERHILLS DR.	CITY - ST - ZIP TAMPA FL 33617
TITLE CD	NAME SPIEGEL, GEORGE
STREET ADDRESS 1908 W. BURKE ST.	CITY - ST - ZIP TAMPA FL 33604
TITLE D	NAME ORR, MARK, DR.
STREET ADDRESS 2807 SAMARA DR.	CITY - ST - ZIP TAMPA FL 33618
TITLE D	NAME GREEN, HAROLD DR.
STREET ADDRESS 156 LOON CT.	CITY - ST - ZIP DAYTONA BCH. FL 32119
TITLE D	NAME FAIRCLOTH, JOE
STREET ADDRESS 3 OCEANS W. BLVD. -4C1	CITY - ST - ZIP DAYTONA BCH. SHORE FL 32118
TITLE D	NAME WITSH, FRANK, JR.
STREET ADDRESS 2128 DARTMOUTH AVE. N	CITY - ST - ZIP ST. PETERSBURG FL 33713

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS 1908 W. BURKE ST.	
14 CITY - ST - ZIP TAMPA, FL 33604	
21 TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME Raemil Billings	
23 STREET ADDRESS 650 S. Glancy Dr.	
24 CITY - ST - ZIP Deltona, FL 32725	
31 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME Lynne Yates	
33 STREET ADDRESS 14601 Oak Vine Dr.	
34 CITY - ST - ZIP Lutz, FL 33549	
41 TITLE T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME Melanie Guld	
43 STREET ADDRESS 249 Devon St.	
44 CITY - ST - ZIP Port Orange, FL 32127	
51 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME Chris Eberline	
53 STREET ADDRESS 5816 -16 SW Archer Rd	
54 CITY - ST - ZIP Gainesville, FL 32604	
61 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME Tom Cook	
63 STREET ADDRESS 2116 S. Hesperides St.	
64 CITY - ST - ZIP Tampa, FL 33629	

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)(a), 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: *Gerald R. Johnston* **Gerald R. Johnston 04/20/95 872-6193**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)