

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709767

FILED
Mar 03, 2009
Secretary of State

Entity Name: FLORIDA CABLE TELECOMMUNICATIONS ASSOCIATION, INC.

Current Principal Place of Business:

246 E. 6TH AVE.
SUITE 100
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

246 E. 6TH AVE.
SUITE 100
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 23-7375258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKERSON, STEVEN E P
246 E. 6TH AVE.
SUITE 100
TALLAHASSEE, FL 32303 US

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: C () Delete
Name: FERRY, BILL
Address: 6805 SOUTHPOINT PKWY
City-St-Zip: JACKSONVILLE, FL 32216

Title: VC () Delete
Name: CULPEPPER, DIANE
Address: 2251 LUCIEN WAY
City-St-Zip: MAITLAND, FL 32751

Title: T () Delete
Name: GIAMPIETRO, MIKE
Address: 6020 NW 43RD ST
City-St-Zip: GAINESVILLE, FL 32653

Title: S () Delete
Name: KLAYTON, FENNELL
Address: 2501 SW 145TH AVENUE, STE 200
City-St-Zip: MIRAMAR, FL 33027

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAISEY TROTMAN

ACCT

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date