

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 09 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northem</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 740321 (5)**  
1. Corporation Name  
**FLORIDA CPA POLITICAL ACTION COMMITTEE, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>325 WEST COLLEGE AVENUE<br/>P.O. BOX 5437<br/>TALLAHASSEE FL 32301<br/>US</b> | Mailing Address<br><b>325 WEST COLLEGE AVENUE<br/>P.O. BOX 5437<br/>TALLAHASSEE FL 32314</b> |
|---|--|

|  |                               |
|--|-------------------------------|
| 3. Date Incorporated or Qualified<br><b>10/04/1977</b> | Applied For<br>Not Applicable |
| 4. FEI Number<br><b>59-1807799</b>                     |                               |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent  
**TURMAN, LLOYD A.  
325 WEST COLLEGE AVENUE  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: *Lloyd A. Turman* (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                                     |
|----------------------------|-------------------------------------|
| TITLE                      | VP <input type="checkbox"/> DELETE  |
| NAME                       | HARRIS, ROBERT R                    |
| STREET ADDRESS             | 3150 CARDINAL DR, STE 200           |
| CITY-ST-ZIP                | VERO BCH FL                         |
| TITLE                      | D <input type="checkbox"/> DELETE   |
| NAME                       | VIDAL, HERMAN                       |
| STREET ADDRESS             | 18 NORTH BROAD STREET               |
| CITY-ST-ZIP                | BROOKSVILLE FL                      |
| TITLE                      | D <input type="checkbox"/> DELETE   |
| NAME                       | DOUGLAS, LORA                       |
| STREET ADDRESS             | 107A EDWARDS ROAD                   |
| CITY-ST-ZIP                | STARKE FL                           |
| TITLE                      | D <input type="checkbox"/> DELETE   |
| NAME                       | BERKOWITZ, RICHARD A                |
| STREET ADDRESS             | ONE SE THIRD AVE., 15 FLOOR         |
| CITY-ST-ZIP                | MIAMI FL 33131                      |
| TITLE                      | D <input type="checkbox"/> DELETE   |
| NAME                       | SHUMACKER, III, JACOB               |
| STREET ADDRESS             | 911 NORTH BLVD., W.                 |
| CITY-ST-ZIP                | LEESBURG FL 34748-5054              |
| TITLE                      | STD <input type="checkbox"/> DELETE |
| NAME                       | TURMAN, LLOYD A.                    |
| STREET ADDRESS             | 325 W. COLLEGE AVENUE               |
| CITY-ST-ZIP                | TALLAHASSEE FL                      |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |
| 1.3 STREET ADDRESS                                    |  |
| 1.4 CITY-ST-ZIP                                       |  |
| 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   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| 6.2 NAME  |  |
| 6.3 STREET ADDRESS                                    |  |
| 6.4 CITY-ST-ZIP                                       |  |

14. I 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: *Lloyd A. Turman*

CR2E037 (10/97)

Florida CPA Political Action Committee, Inc.  
Nonprofit Corporation Annual Report 1998  
59-1807799  
Line 13 Attachment  
Page 1

**1997-1998 Florida CPA Political Action Committee**

P/D

Richard G. Ulrich  
100 Second Avenue South, #606  
St. Petersburg, FL 33701

D

Ann Payne  
200 E. Las Olas Blvd, Ste 1700  
Ft. Lauderdale, FL 33301-2248

V/D

Cecil Shumacker  
911 N. Boulevard, W.  
Leesburg, FL 34848-5054

D

Herman A. Vidal  
18 N. Broad Street  
Brooksville, FL 34601-2921

S/T/D

Lloyd "Buddy" Turman  
Post Office Box 5437  
Tallahassee, FL 32314

D

Richard Berkowitz  
One SE Third Avenue, Floor 15  
Miami, FL 33131

D

Lora L. Douglas  
107 A Edwards Road  
Starke, FL 32091-0996

D

Joseph Epstein  
750 SE 3<sup>rd</sup> Avenue # 100  
Ft. Lauderdale, FL 33316

D

Winston K. Howell  
3520 Thomasville Road #500  
Tallahassee, FL 32317