FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38524 (7)

1. Corporation Name
TEXT AND ACADEMIC AUTHORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 535 ORANGE SPRINGS FL 32182	P.O. BOX 535 ORANGE SPRINGS FL 32182

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3013967 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOOD, NORMA L
148-B FINLEY LN
ORANGE SPRINGS FL 32182

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	1.1 TITLE	D	☑ Change ☐ Addition
NAME	HEILENMAN, L. K	1.2 NAME		
STREET ADDRESS	UNIVERSITY OF IOWA	1.3 STREET ADDRESS		
CITY-ST-ZIP	IOWA CITY IA	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE	S	☑ Change ☐ Addition
NAME	SILVERMAN, FRANKLIN H	2.2 NAME	WROBLESKI, HENRY M.	
STREET ADDRESS	MARQUETTE UNIVERSITY	2.3 STREET ADDRESS	5124 GROVE STREET	
CITY-ST-ZIP	MILWAUKEE WI	2.4 CITY-ST-ZIP	EDINA MN 55436	
TITLE	T	3.1 TITLE	T	☑ Change ☐ Addition
NAME	BRAUN, R. D	3.2 NAME	SULLIVAN, MICHAEL	
STREET ADDRESS	UNIVERSITY OF SOUTHWESTERN LOUISIANA	3.3 STREET ADDRESS	9529 TRIPP	
CITY-ST-ZIP	LAFAYETTE LA	3.4 CITY-ST-ZIP	OAK LAWN IL 60453-3234	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	HOOD, NORMA L	4.2 NAME		
STREET ADDRESS	148-B FINLEY LN.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE SPRINGS FL	4.4 CITY-ST-ZIP		
TITLE	DP	5.1 TITLE	DP	☑ Change ☐ Addition
NAME	VIVIAN, JOHN	5.2 NAME	STONE, GERALD C.	
STREET ADDRESS	112 N MAIN STREET	5.3 STREET ADDRESS	SOUTHERN ILLINOIS UNIVERSITY	
CITY-ST-ZIP	FOUNTAIN CITY WI	5.4 CITY-ST-ZIP	CARBONDALE IL 62901	
TITLE	D	6.1 TITLE	DV	☑ Change ☐ Addition
NAME	SPANGLER, DICK	6.2 NAME	PYNN, RONALD E.	
STREET ADDRESS	1837 N SKYLINE DR.	6.3 STREET ADDRESS	UNIVERSITY OF NORTH DAKOTA	
CITY-ST-ZIP	TOCOMA WA	6.4 CITY-ST-ZIP	GRAND FORKS ND 58202	

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 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: Norma L. Hood NORMA L. HOOD APRIL 15, 1995 (904) 546-5419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #