FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

N38524

TEXT AND ACADEMIC AUTHORS ASSOCIATION, INC.

Principal Place of Business		Mailing Address		* (Partial Bea 114 (1919) Bills (1914 (191		
P.O. BOX 535 ORANGE SPRINGS FL 32182		P.O. BOX 535 ORANGE SPRINGS FL 32182				
				3. Date Incorporated or Qualified 06/06/1990	3a. Date of Last Report 04/19/1995	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 Univ. of South Florida		26 Univ. of South Florida		59-3013967 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 234 Coquina Hall		27 234 Coquina Hall			Fee Hequired	
City & State		Oity & State 28 St. Petersburg, FL		6. Election Campaign Financing	\$5.00 May Be	
23 St. Petersburg, FL			rg, FL Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees	
Zip 24 33701	Country	Zip 33701 30	¬ ·		Yes No	
24 33/01	25 Name and Address of Curren		1	10. Name and Address of New Re		
	3, 112		81 Name			
HOOD, NORMA L			On Charle	Pamela Turner 82 Street Aduress (P.O. Box Number is Not Acceptable)		
148-B FINLEY LN			bz Sileet	234 Coquina Hall		
ORANGE SPRINGS FL 32182			83	University of South Fi	lorida	
			84 City	St. Petersburg	FL 85 33701	
11. Pursuant t	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes, ti	he above named co	reporation submits this statement for the purphyand of directors. I berefy accept the appropriate	pose of changing its registered office li	
or register familiar wit	th, and accept the obligations of, Sect	ion 617.0503, Florida Statutes.	y the corporation a	board of directors. Thereby accept the appo	2/ 1	
SIGNATI IRE	Signature, typed or printed name of registered agent	urker	ingistered Agent signature o	Equired wher reinstating)	1196	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
TITLE	D	DEFEIE	1 1 TIFLE	Director	Change XX Addition	
NAME	HEILENMAN, L. K		1 2 NAME	Jay Black	l audula	
STREET ADDRESS	UNIVERSITY OF IOWA		1 3 STREET ADDRESS	University of South F		
CITY-ST-ZIP	IOWA CITY IA	C Dr. FT	14 CITY - ST - ZIP	St. Petersburg, FL	33701 Addition	
TITLE	S	DELETE	2 1 TITLE		Change Recition	
NAME	WROBLESKI, HENRY M.		2 2 NAME			
STREET ADDRESS	5124 GROVE ST		2 3 STREET ADDRESS			
CITY-ST-ZIP	EDINA MN	□ DELETE	2 4 CITY-ST-ZIP		Change Addition	
TITLE NAME	SULLIVAN, MICHAEL		3.2 NAME			
STREET ADDRESS	3529 TRIPP		3.3 STREET ADDRESS			
CITY-ST-ZIP	OAK LAWN IL		34 CITY-ST-ZIP			
TITLE	D	X DELETE	4.1 HILE		☐ 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	DELETE	5) TITLE		☐ Change ☐ Addition	
NAME	STONE, GERALD C.		5 2 NAME			
STREET ADDRESS	SOUTHERN ILLINOIS UNIVE	RSITY	5 3 STREET ADDRESS			
CITY-ST-ZIP	CARBONDALE IL		5 4 CITY - ST - ZIP			
TITLE	DV	DELETE	6 1 TITLE	30000184 -06/03/96010	Addition	
NAME	PYNN, RONALD E.		6.2 NAME	-05/03/95010	J55==U1Z	
STREET ADDRESS	UNIVERSITY OF NORTH DA	KOTA	63 STREET ADDRESS	***61.25		

14. Too 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)lk), 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 practiged, or on an attachment with an arddress.

64 CITY - ST - ZIP

SIGNATURE:

GRAND FORKS ND

2/14/96

701-777-3831 5/1/96

CR2E037 (12/95)