SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N38524 (7)

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

Principal Place of Business	Mailing Address
234 COQUINA HALL UNIV OF SOUTH FLORIDA ST PETERSBURG FL 33701	234 COQUINA HALL UNIV OF SOUTH FLORIDA ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1990
3a. Date of Last Report: 05/01/1996
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

~~TURNER, PAMELA~~
234 COQUINA HALL
UNIV OF SOUTH FLORIDA
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: GILLESPIE, NATALIE
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 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: Natalie N. Gillespie
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change / Addition
TITLE	D	☒	1.1 TITLE	P	☒ / ☐
NAME	HEILENMAN, L. K		1.2 NAME	FRANKLIN SILVERMAN	
STREET ADDRESS	UNIVERSITY OF IOWA		1.3 STREET ADDRESS	MARQUETTE UNIVERSITY	
CITY-ST-ZIP	IOWA CITY IA		1.4 CITY-ST-ZIP	MILWAUKEE WI	
TITLE	S	☒	2.1 TITLE	S	☒ / ☐
NAME	WROBLESKI, HENRY M.		2.2 NAME	MARY KAY TUCKER	
STREET ADDRESS	5124 GROVE ST		2.3 STREET ADDRESS	CALIFORNIA STATE UNIV.	
CITY-ST-ZIP	EDINA MN		2.4 CITY-ST-ZIP	POMONA CA	
TITLE	T	☐	3.1 TITLE		☒ / ☐
NAME	SULLIVAN, MICHAEL		3.2 NAME		
STREET ADDRESS	~~3529~~ TRIPP		3.3 STREET ADDRESS	9529 TRIPP	
CITY-ST-ZIP	OAK LAWN IL		3.4 CITY-ST-ZIP		
TITLE	D	☐	4.1 TITLE		☐ / ☐
NAME	BLACK, JAY		4.2 NAME		
STREET ADDRESS	UNIVERSITY OF SOUTH FLORIDA		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE SPRINGS FL 33701		4.4 CITY-ST-ZIP		
TITLE	~~DR~~	☐	5.1 TITLE	D	☒ / ☐
NAME	STONE, GERALD C.		5.2 NAME		
STREET ADDRESS	SOUTHERN ILLINOIS UNIVERSITY		5.3 STREET ADDRESS		
CITY-ST-ZIP	CARBONDALE IL		5.4 CITY-ST-ZIP		
TITLE	~~DR~~	☐	6.1 TITLE	M	☒ / ☐
NAME	PYNN, RONALD E.		6.2 NAME		
STREET ADDRESS	UNIVERSITY OF NORTH DAKOTA		6.3 STREET ADDRESS		
CITY-ST-ZIP	GRAND FORKS ND		6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do 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(S) REQUIRED