SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 23 1998 8:00am
Secretary of State

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

3. Date Incorporated or Qualified: 06/06/1990
4. FEI Number: 59-3013967 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 124 DAVIS HALL	26 124 DAVIS HALL
22 Suite, Apt. #, etc. UNIV OF SOUTH FLORIDA	27 Suite, Apt. #, etc. UNIV OF SOUTH FLORIDA
23 City & State ST. PETERSBURG, FL	28 City & State ST. PETERSBURG, FL
24 Zip 33701 / 25 Country USA	29 Zip 33701 / 30 Country

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GILLESPIE, NATALIE 234 COQUINA HALL UNIV OF SOUTH FLORIDA ST PETERSBURG FL 33701	81 Name: JANET N. TUCKER 82 Street Address (P.O. Box Number is Not Acceptable): 124 DAVIS HALL 83: UNIV OF SOUTH FLORIDA 84 City: ST. PETERSBURG, FL 85 Zip Code: 33701

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: [signature] 7/6/98
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	P SILVERMAN, FRANKLIN MARQUETTE UNIVERSITY MILWAUKEE WI	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT PEGGY STANFIELD 794 BOLTON ST. TWIN FALLS, ID 83301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SOLITZER, MARY KAY CALIFORNIA STATE UNIV POMONA CA	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	MARY KAY SWITZER CALIF STATE POLYTECHNIC UNIV POMONA, CA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SULLIVAN, MICHAEL 9520 TRIPP OAK LAWN IL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	JANET TUCKER, MANAGER 4295 BIRCH ST NE ST. PETERSBURG, FL 33703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACK, JAY UNIVERSITY OF SOUTH FLORIDA ORANGE SPRINGS FL 33701	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STONE, GERALD C. SOUTHERN ILLINOIS UNIVERSITY CARBONDALE IL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M PYNN, RONALD E. UNIVERSITY OF NORTH DAKOTA GRAND FORKS ND	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/98)

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: [signature] JANET N. TUCKER 7/6/98 813-553-1195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #