2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am
Secretary of State
06-28-2004 90008 039 ****61.25

DOCUMENT # N38524

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

Principal Place of Business	Mailing Address
BUILDING ONE UNIVERSITY OF SOUTH FLORIDA ST PETERSBURG, FL 33701 US	BUILDING ONE UNIVERSITY OF SOUTH FLORIDA ST PETERSBURG, FL 33701 US

J4UC8909

06182004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
9313 42nd Street	P.O. Box 76477
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pinellas PARK FL	City & State: St. Petersburg, FL
Zip: 33782 Country: Pinellas	Zip: 33734 Country: Pinellas

4. FEI Number 59-3013967 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TUCKER, JANET N.
BUILDING ONE
UNIVERSITY OF SOUTH FLORIDA
ST PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name (Same)
Street Address (P.O. Box Number is Not Acceptable)
9313 42nd Street
City Pinellas PARK FL Zip Code 33782

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Janet N. Tucker, Managing Director
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BLACK, JAY USF ST. PETERSBURG SAINT PETERSBURG, FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SWITZER, MARY KAY CALIFORNIA STATE POLYTECHNIC UNIVERSITY POMONA, CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SULLIVAN, MICHAEL 9529 TRIPP OAK LAWN, IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WAKEFIELD, JOHN F UNIV OF NO ALABAMA BOX 5208 FLORENCE, AL 356320001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILLEN, STEVE 2500 PNC CENTER CINCINNATI, OH 45202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PYNN, RONALD E. UNIVERSITY OF NORTH DAKOTA GRAND FORKS, ND	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald E Pynn 6/2/04 727-865-0045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #