FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49863** **(6)**

1. Corporation Name

FLORIDA PUBLISHERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5435 HIGHLANDS VUE LN LAKELAND FL 33813	P.O. BOX 430 HIALEAH FL 33846

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1992
3a. Date of Last Report: 06/29/1994
4. FEI Number: 59-3134659 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O. BOX 430	26 PO BOX 430
22 Suite, Apt. #, etc. HIGHLAND CITY, FL	27 Suite, Apt. #, etc.
23 City & State	28 City & State HIGHLAND CITY, FLA
24 Zip 33846-0430 25 Country	29 Zip 33846-0430 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. 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAMPE, BETSY 2090 E CHURCH ST BARTOW FL 33830	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: Betsy A. Lampe, PRESIDENT — 29APR95
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	P	11 TITLE	P ☒ Change ☐ Addition
NAME	POWELL, TAG	12 NAME	LAMPE, BETSY
STREET ADDRESS	11701 S BELCHER RD, STE 123	13 STREET ADDRESS	2090 E. CHURCH ST POB 430 (BARTOW, FL 33830)
CITY-ST-ZIP	LARGO FL	14 CITY-ST-ZIP	HIGHLANDS CITY, FL 33846
TITLE	DV	21 TITLE	DV ☒ Change ☐ Addition
NAME	LAMPE, BETSEY	22 NAME	CHRISTOPHER CARROLL
STREET ADDRESS	2090 E. CHURCH ST.	23 STREET ADDRESS	480 SATURN AVENUE
CITY-ST-ZIP	BARTOW FL	24 CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	DS	31 TITLE	DS ☒ Change ☐ Addition
NAME	HAGEN, BARBARA	32 NAME	ANN RUST
STREET ADDRESS	2778 BRATTLE LANE	33 STREET ADDRESS	5673 PINE AVE.
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	DT	41 TITLE	DT ☒ Change ☐ Addition
NAME	WRIGHT, BETTY	42 NAME	DENTON R. MOORE
STREET ADDRESS	5435 HIGHLANDS, AVE.,LN.	43 STREET ADDRESS	384 AVE K
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	D	51 TITLE	BM ☒ Change ☐ Addition
NAME	MOORE, DENTON	52 NAME	BETTY WRIGHT
STREET ADDRESS	384 AVE. - K	53 STREET ADDRESS	5435 HIGHLANDS VUE LN.
CITY-ST-ZIP	MOOREHAVEN FL	54 CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	BM	61 TITLE	☐ Change ☒ Addition
NAME	PEARCE, CHARLIE	62 NAME	LARRY LARSEN
STREET ADDRESS	120 BLACKCROW CIRCLE	63 STREET ADDRESS	2640 ELIZABETH PL.
CITY-ST-ZIP	DAYTONA BEACH FL	64 CITY-ST-ZIP	LAKELAND, FL 33813

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: Betsy A. Lampe — BETSY A. LAMPE — 29APR95 — (813)648-4420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087032