

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N49863** (6)

1. Corporation Name

FLORIDA PUBLISHERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P. O. BOX 430
HIGHLAND CITY FL 33846-0430
US

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HIGHLAND CITY FL 33846-0430
US

3. Date Incorporated or Qualified
07/13/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-3134659

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 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 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 **Betsy Lampe, President**

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** ☐ DELETE
NAME **LAMPE, BETSY**
STREET ADDRESS **2090 E. CHURCH ST.**
CITY-ST-ZIP **BARTOW FL**

1.1 TITLE **VP** ☒ Change ☐ Addition
1.2 NAME **Christopher Carroll**
1.3 STREET ADDRESS **480 Saturn Avenue**
1.4 CITY-ST-ZIP **Sarasota, Florida**

TITLE **DV** ☐ DELETE
NAME **CHRISTOPHER, CARROL**
STREET ADDRESS **480 SATURN AVENUE**
CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Brenda Starr**
2.3 STREET ADDRESS **777 S. Flagler Dr.**
2.4 CITY-ST-ZIP **West Palm Beach, FL 33408**

TITLE **DS** ☐ DELETE
NAME **RUST, ANN**
STREET ADDRESS **5673 PINE AVE**
CITY-ST-ZIP **ORANGE PARK FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Charles Pearce, Jr.**
3.3 STREET ADDRESS **3194 Steamboat Ridge Rd.**
3.4 CITY-ST-ZIP **Daytona Beach, FL 32124**

TITLE **DT** ☐ DELETE
NAME **MOORE, DENTON R.**
STREET ADDRESS **384 AVE K**
CITY-ST-ZIP **MOORE HAVEN FL**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Barbara Hagen**
4.3 STREET ADDRESS **Belcher Plaza/Ste. 228**
4.4 CITY-ST-ZIP **Clearwater, FL 34625**

TITLE **BM** ☐ DELETE
NAME **WRIGHT, BETTY**
STREET ADDRESS **5435 HIGHLANDS VUE LN**
CITY-ST-ZIP **LAKELAND FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **LARSEN, LARRY**
STREET ADDRESS **2640 ELIZABETH PL**
CITY-ST-ZIP **LAKELAND FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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 REQUIRED
Signature and typed or printed name of signing officer or director

6/20/96

(941) 946-3212

Date

Daytime Phone #

CR2E037 (3/96)