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Feb 25 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 # 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  
P. O. BOX 430 HIGHLAND CITY FL 33846-0430 US

3. Date Incorporated or Qualified 07/13/1992  
3a. Date of Last Report 06/25/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country 30 POLK  
24 25 29 30

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  
LAMPE, BETSY  
2090 E CHURCH ST  
BARTOW FL 33830

10. Name and Address of New Registered Agent  
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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE VP  DELETE  
NAME CARROLL, CHRISTOPHER  
STREET ADDRESS 480 SATURN AVENUE  
CITY-ST-ZIP SARASOTA FL  
TITLE DV  DELETE  
NAME CHRISTOPHER, CARROL  
STREET ADDRESS 480 SATURN AVENUE  
CITY-ST-ZIP SARASOTA FL  
TITLE DS  DELETE  
NAME RUST, ANN  
STREET ADDRESS 5673 PINE AVE  
CITY-ST-ZIP ORANGE PARK FL  
TITLE DT  DELETE  
NAME MOORE, DENTON R.  
STREET ADDRESS 384 AVE K  
CITY-ST-ZIP MOORE HAVEN FL  
TITLE BM  DELETE  
NAME WRIGHT, BETTY  
STREET ADDRESS 5435 HIGHLANDS VUE LN  
CITY-ST-ZIP LAKELAND FL  
TITLE D  DELETE  
NAME LARSEN, LARRY  
STREET ADDRESS 2640 ELIZABETH PL  
CITY-ST-ZIP LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE Board Member  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE President  Change  Addition  
2.2 NAME BARBARA HAGEN  
2.3 STREET ADDRESS 2189 CLEVELAND, STE 22B  
2.4 CITY-ST-ZIP CLEARWATER, FL  
3.1 TITLE Board member  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS 9765 C SW 92nd CT.  
3.4 CITY-ST-ZIP Ocala, FL 34481  
4.1 TITLE Vice president  Change  Addition  
4.2 NAME Brenda Star  
4.3 STREET ADDRESS 777 So. Flagler Dr. E2 FL  
4.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401  
5.1 TITLE Treasurer  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
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 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: Betty Wright / Betty Wright 1/13/97 941-647-5951  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053779

CR2E037 (9/96)