

DOCUMENT # N49863
1. Entity Name
FLORIDA PUBLISHERS ASSOCIATION, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90029 038 ****61.25

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3134659** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAMPE, BETSY
2090 E CHURCH ST
BARTOW FL 33830

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

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

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **DP HARMS, JOHN**
STREET ADDRESS **POB 32593**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33420-2593**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DS ARNETTE, DINAH**
STREET ADDRESS **POB 21345**
CITY-ST-ZIP **TAMPA FL 33622**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DT WRIGHT, BETTY**
STREET ADDRESS **5435 HIGHLANDS VUE LN**
CITY-ST-ZIP **LAKELAND FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DP Barbara Hagen**
STREET ADDRESS **1256 Grenada Ave. N.**
CITY-ST-ZIP **Clearwater, FL 34624**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Betty Wright DT **1/4/01** **863.648.4420**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)