

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90097 010 ****61.25

DOCUMENT # N49863

1. Entity Name

FLORIDA PUBLISHERS ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3134659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMPE, BETSY
2090 E CHURCH ST
BARTOW FL 33830

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

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

TITLE DT ☐ Delete
NAME WRIGHT, BETTY
STREET ADDRESS 5435 HIGHLANDS VUE LN
CITY-ST-ZIP LAKE LAND FL

TITLE VP ☐ Delete
NAME GROMLING, FRANK
STREET ADDRESS P.O. BOX 1080
CITY-ST-ZIP FLAGLER BEACH FL 32136-1080

TITLE DP ☐ Delete
NAME BUTTERWORTH, MYLINDA
STREET ADDRESS 1721 CANOE CREEK RD
CITY-ST-ZIP OVIEDO FL 32766-8533

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS Gromling, Frank
CITY-ST-ZIP POB 1080
Flagler Beach, FL 32136-1080

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 exemptions contained in Section 119, 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 Betty Wright* 1/24/06 863.648.4420