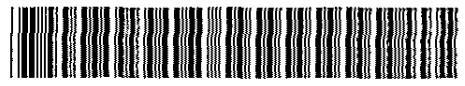


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State



DOCUMENT # N49863		1. Entity 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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			



1st MOORE CR2E037 (10/06)

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

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROMLING, FRANK	NAME	
STREET ADDRESS	PO BOX 1080	STREET ADDRESS	U00000617082
CITY - ST - ZIP	FLAGLER BEACH FL 32136-1080	CITY - ST - ZIP	02/07/07-80060-021 61.25
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, BETTY	NAME	
STREET ADDRESS	5435 HIGHLANDS VUE LN	STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROMLING, FRANK	NAME	
STREET ADDRESS	P.O. BOX 1080	STREET ADDRESS	
CITY - ST - ZIP	FLAGLER BEACH FL 32136-1080	CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTERWORTH, MYLINDA	NAME	
STREET ADDRESS	1721 CANOE CREEK RD	STREET ADDRESS	
CITY - ST - ZIP	OVIEDO FL 32766-8533	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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 1/30/07 863.647.5951