

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49863

FILED
Feb 15, 2012
Secretary of State

Entity Name: FLORIDA PUBLISHERS ASSOCIATION, INC.

Current Principal Place of Business:

5435 HIGHLANDS VUE LANE
LAKELAND, FL 33812 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 430
HIGHLAND CITY, FL 338460430 US

New Mailing Address:

P. O. BOX 916383
LONGWOOD, FL 327916383 US

FEI Number: 59-3134659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAMPE, BETSY A
2090 E CHURCH ST
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: ANGERMANN, CHRIS
Address: 1765 RINGLING BLVD./STE. 300
City-St-Zip: SARASOTA, FL 34236 US

Title: DT
Name: MILLER, KYLE
Address: 736 CARDIUM ST.
City-St-Zip: SANIBEL, FL 33957 US

Title: D
Name: CATERSON, WARREN
Address: 3021 - 1ST ST
City-St-Zip: ST. AUGUSTINE, FL 32084 U

Title: DS
Name: VALLADARES, ELLEN
Address: 774 VERONA LAKE DR.
City-St-Zip: WESTON, FL 33326 US

Title: DVP
Name: MILLER, KYLE
Address: 736 CARDIUM ST.
City-St-Zip: SAINIBEL ISLAND, FL 33957 US

Title: D
Name: ADAMS, MARK W
Address: PO BOX 916392
City-St-Zip: LONGWOOD, FL 327916392 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELLEN VALLADARES

DS

02/15/2012

Electronic Signature of Signing Officer or Director

Date