2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49863

1. Entity Name

FLORIDA PUBLISHERS ASSOCIATION, INC.



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90019 025 ****61.25

| 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 | | | 1.000/1/81 807 807 | 60004736 | | | |
|--|--|--|-----------------------------------|---------------------|---|---|---------------|------------|--|
| 2. Principal | Place of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | |
| City & State | | City & State | | | 4. FEI Number 59-3134659 Applied For Not Applicable | | | | |
| Zip Country | | Zip | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| | 6. Name and Address of Curre | nt Registered Agent | · - | ÷- | 7. Name and Add | ress of New Registered A | | | |
| 1.4445 | | | | Name | | | | | |
| | BETSY CHURCH ST / FL 33830 | | Stree | | eet Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | City | | FL | Zip Cod | de | |
| 8. The above the obligation of | e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered age | | | | stered agent, or both, in a | | Imiliar with, | and accept | |
| FILE NOW: FEE IS \$61.25 9. Election Ca Trust Fund | | | | | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State | | | |
| 10. | OFFICERS AND D | DIRECTORS | 11. | | ADDITIONS/CHANGE | S TO OFFICERS AND DIRE | CTORS IN | l 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS ARNETTE, DINAH POB 21345 TAMPA FL 33622 | ☐ Delete | | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT WRIGHT, BETTY 5435 HIGHLANDS VUE LN LAKELAND FL | ☐ Delete | | T ADDRESS ST-ZIP | | Į | ☐ Change | ☐ Addition | |
| ITLE NAME STREET ADDRESS STY-ST-ZIP | DP HAGEN, BARBARA 1256 GRENADA AVE NORTH CLEARWATER FL 34624 | СІТУ | | T ADDRESS ST-ZIP | | C | _ Change | ☐ Addition | |
| ITLE IAME TREET ADDRESS ITY-ST-ZIP | Sylvia Hemme 11120 TYLER DR Port Richey, FI OP | ! , | TITLE NAME STREE CITY- | T ADDRESS ST-ZIP | | C | _ Change | ☐ Addition | |
| ITLE Ame Treet address ITY-ST-ZIP | | ☐ Delete | TITLE NAME STREE CITY-S | ADDRESS T-ZIP | | [|] Change | Addition | |
| TLE AME TREET ADDRESS | ortific that the information | □ Delete | TITLE NAME STREET CITY-S | ADDRESS T-ZIP | | С |] Change | Addition | |
| I DOIONU O | | | | | | | | | |

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:

1/6/03 863.648.4420