

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716199

Entity Name: FLORIDA ASSOCIATION OF BROADCASTERS,
INCORPORATED**FILED**
Apr 04, 2013
Secretary of State
CC2189262185**Current Principal Place of Business:**201 SOUTH MONROE STREET
201
TALLAHASSEE, FL 32301**Current Mailing Address:**201 SOUTH MONROE STREET
201
TALLAHASSEE, FL 32301 US**FEI Number: 59-0864165****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROBERTS, C. PATRICK
201 SOUTH MONROE STREET
201
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

Title	C
Name	PUIG, CLAUDIA
Address	800 DOUGLAS RD ANNEX BUILDING SUITE 111
City-State-Zip:	CORAL GABLES FL 33134

Title	BM
Name	ROWBOTHAM, ART
Address	404 W. LIME STREET
City-State-Zip:	LAKELAND FL 33815

Title	BM
Name	SANCHEZ, SHERRI
Address	13320 METRO PARKWAY SUITE 1
City-State-Zip:	FORT MYERS FL 33966

Title	BM
Name	KENNEY, JUDY
Address	621 SW PINE ISLAND RD
City-State-Zip:	CAPE CORAL FL 33991

Title	P
Name	ROBERTS, C. PATRICK
Address	201 S. MONROE ST #201
City-State-Zip:	TALLAHASSEE FL 32301

Title	BM
Name	ROCHA, LUIS FERNANDEZ
Address	8550 NW 33RD ST
City-State-Zip:	MIAMI FL 33122

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: C. PATRICK ROBERTS**PRESIDENT****04/04/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date