

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49863

**FILED**  
**Feb 13, 2014**  
**Secretary of State**  
**CC4050596379**

**Entity Name:** FLORIDA AUTHORS AND PUBLISHERS ASSOCIATION, INC.

**Current Principal Place of Business:**

490 WEKIVA COVE RD  
LONGWOOD, FL 32779

**Current Mailing Address:**

P.O. BOX 915822  
LONGWOOD, FL 32791 US

**FEI Number:** 59-3134659

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ADAMS, MARK W  
490 WEKIVA COVE RD  
LONGWOOD, FL 32779 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:** MARK WAYNE ADAMS

02/13/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            TREASURER  
Name            ADAMS, ANGELA C  
Address        P.O. BOX 916392  
City-State-Zip: LONGWOOD FL 32779-6392

Title            VP OF MARKETING  
Name            WOOD, JANE  
Address        11802 MAGNOLIA FALLS DRIVE  
City-State-Zip: JACKSONVILLE FL 32258

Title            VP OF MEMBER SERVICES,  
SECRETARY  
Name            MCKUNE, MISTY  
Address        610 MANOR DR  
City-State-Zip: BARTOW FL 33830

Title            PRESIDENT ELECT  
Name            ADAMS, MARK W  
Address        PO BOX 916392  
City-State-Zip: LONGWOOD FL 32791-6392

Title            VP OF EVENTS AND PROFESSIONAL  
DEVELOPMENT  
Name            LUCAS, BOB  
Address        1555 PINEHURST DRIVE  
City-State-Zip: CASSELBERRY FL 32707

Title            VP OF COMMUNICATIONS  
Name            MARKS, GINGER  
Address        1730 RAINBOW DR  
City-State-Zip: CLEARWATER FL 33755

Title            VP OF COMMUNICATIONS  
Name            WOODCOCK, MICHAEL E  
Address        5214 DORRINGTON LANE  
City-State-Zip: ORLANDO FL 32821

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*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:** ANGELA C ADAMS

**TREASURER**

02/13/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP OF MARKETING  
Name GERRELL, TERRI  
Address 4351 NATURAL BRIDGE RD  
City-State-Zip: TALLAHASSEE FL 32305