

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49863

Entity Name: FLORIDA PUBLISHERS ASSOCIATION, INC.

Current Principal Place of Business:

5435 HIGHLANDS VUE LANE
LAKELAND, FL 33812

Current Mailing Address:

PO BOX 481
SANIBEL, FL 33957 US

FEI Number: 59-3134659

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LAMPE, BETSY A
2090 E CHURCH ST
BARTOW, FL 33830 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 PRESIDENT
Name ANGERMANN, CHRIS
Address 1765 RINGLING BLVD./STE. 300
City-State-Zip: SARASOTA FL 34236

Title TREASURER
Name MILLER, KYLE
Address 736 CARDIUM ST.
City-State-Zip: SANIBEL FL 33957

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

Title SECRETARY
Name VALLADARES, ELLEN
Address 774 VERONA LAKE DR.
City-State-Zip: WESTON FL 33326

Title VICE PRESIDENT OF MEMBER SERVICES
Name POWELL, MISTY
Address 610 MANOR DR
City-State-Zip: BARTOW FL 33830

Title VP OF COMMUNICATIONS
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

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

SECRETARY

04/01/2013

Electronic Signature of Signing Officer/Director Detail

Date