

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90098 043 ****61.25

DOCUMENT # 702262

1. Entity Name
FLORIDA COURT REPORTERS ASSOCIATION, INC.



Principal Place of Business
**SUITE 101
222 S. WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**SUITE 101
222 S. WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1091007

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAUTTER, TINA
SUITE 101
222 S. WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **PHILLIPS, CATHERINE J**
STREET ADDRESS **814 E SILVER SPRINGS BLVD, STE A**
CITY-ST-ZIP **OCALA, FL 34470**

TITLE **PED** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **JOHNSON, LOUISE**
STREET ADDRESS **1440 SALVADORE ST**
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Hughes, Wesley Thomas**
STREET ADDRESS **581 NW 75th Ave**
CITY-ST-ZIP **Plantation FL 33317**

TITLE **PD** ☐ Delete
NAME **DURANDO, TERESA**
STREET ADDRESS **1350 RIVER BEACH DR #318**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33315**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TD** ☐ Delete
NAME **GAUL, JENNIFER**
STREET ADDRESS **17890 NE 31 CT, #3122**
CITY-ST-ZIP **ADVENTURA, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **ED** ☐ Delete
NAME **KAUTTER, TINA**
STREET ADDRESS **222 S WESTMONTE DR #101**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Tina Kautter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/06

Date

407-774-7880

Daytime Phone #