

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720097 (5)

1. Corporation Name

FLORIDA TELECOMMUNICATIONS INDUSTRY ASSOCIATION,
INC.



Principal Place of Business

Mailing Address

P O BOX 1776
1311-A PAUL RUSSELL ROAD. #101
TALLAHASSEE FL 32302

P O BOX 1776
1311-A PAUL RUSSELL ROAD. #101
TALLAHASSEE FL 32302-1776

3. Date Incorporated or Qualified
01/20/1971

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number
59-1382831

Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGSTON, SUSAN C
1311-A PAUL RUSSELL ROAD, #101
TALLAHASSEE FL 32302

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ST ☒ DELETE
NAME MCCABE, ELISE R
STREET ADDRESS 150 S. MONROE ST. , #400
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME S/T
1.3 STREET ADDRESS KURTZ, C. DEAN
1.4 CITY-ST-ZIP 555 LAKE BORDER DRIVE
APOPKA FL

TITLE P ☒ DELETE
NAME POYNTER, DONALD E
STREET ADDRESS 555 LAKE BORDER DR
CITY-ST-ZIP APOPKA FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME V/D
2.3 STREET ADDRESS WATERS, KEN N.
2.4 CITY-ST-ZIP 106 E. COLLEGE AVE., #1440
TALLAHASSEE FL

TITLE V ☐ DELETE
NAME MEINERS, FRANK H III
STREET ADDRESS 150 S. MONROE STREET , #400
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME V/D
3.3 STREET ADDRESS MEINERS, H. FRANK
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME BRASHEAR, RICHARD H
STREET ADDRESS 208 WHITE AVENUE, SE
CITY-ST-ZIP LIVE OAK FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME P/D
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

1/15/97

904-877-5141

Date

Daytime Phone #0008082

CR2E037 (9/96)