FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # 720097

Corporation Name

FLORIDA TELECOMMUNICATIONS INDUSTRY ASSOCIATION, INC.

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••	ropai	Piace	OI	DUŞ	111655

Mailing Address

P O BOX 1776

1311-A PAUL RUSSELL ROAD. #101

TALLAHASSEE FL 32302

FILED Feb 19, 1999 8:00 am Secretary of State

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Principal Place	of Business	2a. Mailing Add	ess			3.	Date Incorporated or Qualifed 01/20/1971			
Suite, Apt. #, e	tc.	Suite, Apt. #	, etc.			4.	FEI Number			Applied For
		27					59-138283 1			Not Applicable
City & State		City & State				5.	Certificate of Status Desired			75 Additional e Required
Žip	Country	Zip	Cou	ntry		6.	Election Campaign Financing		\$5.	.00 May Be
•	25	29	30			1	Trust Fund Contribution	U	-	ded to Fees
. 9	Name and Address of Curr	ent Registered Agent		\Box		10	Name and Address of New F	Registered /	Agent	
 _				81	Name					
ANGSTON, S	SUSAN C RUSSELL ROAD, #101			82	Street Addre	ess (I	P.O. Box Number is Not Accepta	ible)		
TALLAHASSEI				83						
				84	City			FL	85	Zip Code

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, typed or printed name of registered agent and title if appli	cable. (NOTE: R	egistered Agent signature i			
	OFFICERS AND DIRECTO	RS	13.	ADDITIONS/CHANGES TO OFFICERS		
	ST	□ DELETE	1,1 TITLE		Change	Addition
	KURTZ, C. DEAN		1,2 NAME		•	
_ I ALKINESS	555 LAKE BORDER DRIVE		1,3 STREET ADDRESS			
ST ZIP	APOPKA FL		1.4 CITY-ST-ZIP			
	VD	DELETE	2.1 TITLE	VD	Change	Addition
	WATERS, KEN N.		2.2 NAME	Povelites, Carl		•
LADDRESS	106 E COLLEGE AVE., #1440		2.3 STREET ADDRESS	One GTE Place (GA3B1REG)		
ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Alpharetta GA		
	PD	DELETE	3.1 TITLE	VD	Change	Addition
	MEINERS, H. FRANK	•	3.2 NAME	Brown, Steven	_	•
LADDRESS	150 S. MONROE STREET, #400		3.3 STREET ADDRESS	3625 Queen Palm Drive		
ST-ZIP	TALLAHASSEE FL		3.4. CITY-ST-ZIP	Tampa, FL		
	PD	DELETE	4,1 TITLE	•	Change	Addition
	BRASHEAR, RICHARD H		4.2 NAME			
LARRESS	206 WHITE AVENUE, SE		4,3 STREET ADDRESS			
ST ZIP	LIVE OAK FL		4.4 CITY-ST-ZIP			
	ST	DELETE	5.1 TITLE		Change	☐ Addition
	PAUL, JUDY	•	5.2 NAME	`		
140000_33	150 S. MONROE ST. #400		5.3 STREET ADDRESS			
ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP			
	VO	☐ DELETE	6.1 TITLE	PD	Change	☐ Addition
	JOHNS, JERRY M		6.2 NAME		•	
: ALVINGS	555 LAKE BORDER DR.		6.3 STREET ADDRESS			
ST-ZIP	APOPKA FL		6.4 CITY-ST-ZIP			

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 if changed, or on an attachment with an address, with all other like empowered.

MATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

850 -877-5/4/

:R2E037 (11/98)