

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90039 003 ****61.25

DOCUMENT # 720097

1. Entity Name
**FLORIDA TELECOMMUNICATIONS INDUSTRY
ASSOCIATION, INC.**



Principal Place of Business
**233 PINWOOD DR
TALLAHASSEE, FL 32303**

Mailing Address
**233 PINWOOD DRIVE
TALLAHASSEE, FL 32303**

64032848



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1382831

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

**LANGSTON, SUSAN C
233 PINWOOD DR
TALLAHASSEE, FL 32303**

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, 2004**

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 VPD ☒ Delete
NAME CRISER, MARSHALL M III
STREET ADDRESS 150 S. MONROE ST #150
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE P/D ☐ Change ☒ Addition
NAME Rehwinkel, Charles J.
STREET ADDRESS 315 S. Calhoun Street, #500
CITY-ST-ZIP Tallahassee FL 32301

TITLE PD ☒ Delete
NAME SCHUMACHER, JAMES T
STREET ADDRESS 3100 BONNET CREEK RD
CITY-ST-ZIP LAKE BUENA VISTA, FL 32830

TITLE VP/D ☐ Change ☒ Addition
NAME Holcomb, J. Frank
STREET ADDRESS 107 W. Franklin St.
CITY-ST-ZIP Quincy FL 32353

TITLE VD ☒ Delete
NAME REHWINKEL, CHARLES J
STREET ADDRESS 315 S. CALHOUN ST #500
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE S/T ☐ Change ☒ Addition
NAME Nobles, Deborah L.
STREET ADDRESS 505 Plaza Circle, #200
CITY-ST-ZIP Orange Park FL 32073

TITLE ST ☒ Delete
NAME PAUL, JUDY
STREET ADDRESS 150 S. MONROE ST #150
CITY-ST-ZIP TALLAHASSEE, FL 32301

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

TITLE VD ☒ Delete
NAME HOLCOMB, FRANK J
STREET ADDRESS PO BOX 189
CITY-ST-ZIP QUINCY, FL 323530189

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

TITLE STD ☒ Delete
NAME KURTZ, DEAN C
STREET ADDRESS PO BOX 165000
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 327165000

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

12. I 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 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:

Charles J. Rehwinkel

Charles J. Rehwinkel 850-877-5141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #