

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90031 038 \*\*\*\*61.25

**40022313**



<b>DOCUMENT # 720097</b> 1. Entity Name <b>FLORIDA TELECOMMUNICATIONS INDUSTRY ASSOCIATION, INC.</b>					
Principal Place of Business <b>233 PINWOOD DR TALLAHASSEE, FL 32303</b>			Mailing Address <b>233 PINWOOD DRIVE TALLAHASSEE, FL 32303</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02182005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-1382831</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LANGSTON, SUSAN C 233 PINWOOD DR TALLAHASSEE, FL 32303</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REHWINKEL, CHARLES J <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	315 S CALHOUN ST., #500		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLCOMB, J. FRANK		NAME		
STREET ADDRESS	107 W FRANKLIN ST.		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32353		CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOBLES, DEBORAH L		NAME	Nobles, Deborah C.	
STREET ADDRESS	505 PLAZA CIRCLE, #200		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Christian, David	
STREET ADDRESS			STREET ADDRESS	106 E. College Ave., #811	
CITY-ST-ZIP			CITY-ST-ZIP	Tallahassee FL 32301	
TITLE	<input type="checkbox"/> Delete		TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Hickman, Paula	
STREET ADDRESS			STREET ADDRESS	851 Trafalgar Ct., #300	
CITY-ST-ZIP			CITY-ST-ZIP	Maitland, FL 32751	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	SEE ATTACHMENT FOR ADDITIONAL DIRECTORS	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b>			<b>2/22/05</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<b>850/877-5141</b>		
			<small>Daytime Phone #</small>		

# ATTACHMENT

## FLORIDA TELECOMMUNICATIONS INDUSTRY ASSOCIATION

233 Pinewood Drive, Tallahassee, FL 32303

Document #720097

40022313

### Additional Board Members

Title: D  
Name: Burgess, Richard  
Street Address: 201 S. Pensacola Avenue  
City, State, Zip: Atmore, AL 36502

Title: D  
Name: Chapkis, Richard  
Street Address: 201 N. Franklin Street  
City, State, Zip: Tampa, FL 33602

Title: D  
Name: Criser III, Marshall M.  
Street Address: 150 S. Monroe Street, #400  
City, State, Zip: Tallahassee, FL 32301

Title: D  
Name: Drayer, Michael  
Street Address: 100 Second Avenue South, #400S  
City, State, Zip: St. Petersburg, FL 33701

Title: D  
Name: Griffis, Mike  
Street Address: 130 N. Fourth Street  
City, State, Zip: Macclenny, FL 32063

Title: D  
Name: Holcomb, J. Frank  
Street Address: 107 W. Franklin Street  
City, State, Zip: Quincy, FL 32351

Title: D  
Name: Kurtz, C. Dean  
Street Address: 555 Lake Border Drive  
City, State, Zip: Apopka, FL 32703

Title: D  
Name: McCabe, Elise R.  
Street Address: 150 S. Monroe Street, #400  
City, State, Zip: Tallahassee, FL 32301

Title: D  
Name: McDonald, Chris  
Street Address: 101 N. Monroe Street, #700  
City, State, Zip: Tallahassee, FL 32301

Title: D  
Name: Montano, Wanda  
Street Address: 6801 Morrison Blvd.  
City, State, Zip: Charlotte, NC 28211

Title: D  
Name: Schumacher, James T.  
Street Address: 3100 Bonnet Creek Road  
City, State, Zip: Lake Buena Vista, FL 22555

## ATTACHMENT

Title:  
Name:  
Street Address:  
City, State, Zip:

D  
Silvey, James E.  
1948 Harrison Street  
Hollywood, FL 33020

40022313

# 720097

Title:  
Name:  
Street Address:  
City, State, Zip:

D  
Skinner, Steve  
5565 Glenridge Connector NE, 17<sup>th</sup> Flr.  
Atlanta, GA 30342

Title:  
Name:  
Street Address:  
City, State, Zip:

D  
Sulmontti, Brian  
Six Concourse Parkway, #600  
Atlanta, GA 30328

Title:  
Name:  
Street Address:  
City, State, Zip:

D  
White, James L.  
601 Riverside Avenue, 12<sup>th</sup> Flr.  
Jacksonville, FL 32204