
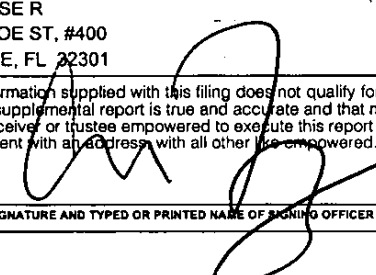


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90015 031 \*\*\*\*61.25

40026994

<b>DOCUMENT # 720097</b> 1. Entity Name <b>FLORIDA TELECOMMUNICATIONS INDUSTRY ASSOCIATION, INC.</b>					
Principal Place of Business <b>233 PINEWOOD DR TALLAHASSEE, FL 32303</b>			Mailing Address <b>233 PINEWOOD DRIVE TALLAHASSEE, FL 32303</b>		
2. Principal Place of Business - No P.O. Box # <b>3375-H Capital Circle NE</b>		3. Mailing Address <b>3375-H Capital Circle NE</b>			
Suite, Apt. #, etc. <b>Suite 3</b>		Suite, Apt. #, etc. <b>Suite 3</b>			
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>		4. FEI Number <b>59-1382831</b>	
Zip <b>32308-</b>		Country <b>USA</b>		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 PINEWOOD DR TALLAHASSEE, FL 32303</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3375-H Capital Circle NE, Suite 3</b> City <b>Tallahassee</b> FL <b>32308</b>		
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, 2008</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 NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>REHWINKEL, CHARLES J 315 S CALHOUN ST., #500 TALLAHASSEE, FL 32301</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>C. Dean Kurtz PO Box 16500 Altamonte Springs, FL 32716</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>HOLCOMB, J. FRANK 107 W FRANKLIN ST. QUINCY, FL 32353</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete <b>SCHUMACHER, JAMES T P.O. BOX 22555 LAKE BUENA VISTA, FL 32830</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>CHRISTIAN, DAVID 106 E COLLEGE AVE #811 TALLAHASSEE, FL 32301</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete <b>WHITE, JAMES L 6867 SOUTHPOINT DR JACKSONVILLE, FL 32216</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete <b>MCCABE, ELISE R 150 S. MONROE ST, #400 TALLAHASSEE, FL 32301</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.					
<b>SIGNATURE: X</b> 			<b>2/14/08</b> <b>850-877-5141</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT 40026994

# 720097

## FLORIDA TELECOMMUNICATIONS INDUSTRY ASSOCIATION

3375-H Capital Circle N.E., Suite 3

Tallahassee, FL 32308

Document #720097

### 2008 Annual Report

#### Additional Directors

Title: D  
Name: Collins, Denise  
Street Address: 1410 Market Street  
City, State, Zip: Tallahassee, FL 32312

Title: D  
Name: Feeney, Andy  
Street Address: 150 S. Monroe Street, #400  
City, State, Zip: Tallahassee, FL 32301

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

Title: D  
Name: Hendrix, Jerry  
Street Address: 150 S. Monroe Street, #400  
City, State, Zip: Tallahassee, FL 32301

Title: D  
Name: Jones, W. Chris  
Street Address: One Verizon Place  
City, State, Zip: Alpharetta, GA 30004

Title: D  
Name: McCabe, Tom  
Street Address: PO Box 189  
City, State, Zip: Quincy, FL 32353

Title: D  
Name: McCall, Angela  
Street Address: 300 Bland Street  
City, State, Zip: Bluefield, WV 24701

Title: D  
Name: O'Roark, Dulaney L.  
Street Address: 5055 North Point Parkway  
City, State, Zip: Atlanta, GA 30322

Title: D  
Name: Ramba, David E.  
Street Address: PO Box 10788  
City, State, Zip: Tallahassee, FL 32317

Title: D  
Name: Smith, Jim  
Street Address: 315 S. Calhoun Street, #500  
City, State, Zip: Tallahassee, FL 32301

Title: D  
Name: Turner, Lorrie  
Street Address: Four Concourse Pkwy., #300  
City, State, Zip: Atlanta, GA 30328