2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#720097

FILED Feb 09, 2009 Secretary of State

Entity Name: FLORIDA TELECOMMUNICATIONS INDUSTRY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3375-H CAPITAL CIRCLE NE SUITE 3 TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

3375-H CAPITAL CIRCLE NE SUITE 3 TALLAHASSEE, FL 32308

FEI Number: 59-1382831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LANGSTON, SUSAN C 3375-H CAPÍTAL CIRCLE NE SUITE 3 TALLAHASSEE, FL 32308

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete KURTZ, C. DEAN MCCABE, ELISE R. Name: Name:

PO BOX 16500 Address: 150 S. MONROE STREET, #150 Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32716 City-St-Zip: TALLAHASSEE, FL 32301

Title: Title: (X) Change () Addition () Delete

HOLCOMB, J. FRANK Name: KURTZ, C. DEAN Name: Address: 107 W FRANKLIN ST. Address: 555 LAKE BORDER DRIVE

City-St-Zip: QUINCY, FL 32353 City-St-Zip: APOPKA, FL 32703

Title: STD () Delete Title: (X) Change () Addition SCHUMACHER, JAMES T GRIFFIS, MIKE Name: Name:

Address: P.O. BOX 22555 Address: 130 NORTH FOURTH STREET

City-St-Zip: LAKE BUENA VISTA, FL 32830 City-St-Zip: MACCLENNY, FL 32063

Title: () Delete Title: STD (X) Change () Addition Name: CHRISTIAN, DAVID Name: SCHUMACHER, JAMES T. Address: 106 E COLLEGE AVE #811 Address: 3100 BONNET CREEK ROAD City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: (X) Delete Title: () Change () Addition

WHITE, JAMES L Name: Name: 6867 SOUTHPOINT DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

MCCABE, ELISE R Name: Name: Address: 150 S. MONROE ST, #400 Address: TALLAHASSEE, FL 32301 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. DEAN KURTZ VD 02/09/2009