


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **722976** (8)
1. Corporation Name
FLORIDA FEDERATION OF STAMP CLUBS, INC.



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| Principal Place of Business 100 NORTH SPRING TRAIL ALTAMONTE SPRINGS FL 32714 US | Mailing Address 100 NORTH SPRING TRAIL ALTAMONTE SPRINGS FL 32714-3461 US |
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| 3. Date Incorporated or Qualified 03/16/1972 | 3a. Date of Last Report 05/01/1996 |
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|---|--|---|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 4. FEI Number 59-2195914 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHIRLEY, JOHN D
100 N SPRING TRAIL
ALTAMONTE SPRINGS FL 32714**

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

11. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALTER, PARKER E. | 1.2 NAME | |
| STREET ADDRESS | 54 SCHOONER DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM HARBOR FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARTER, WAYNE | 2.2 NAME | |
| STREET ADDRESS | 205 S. HOVER ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 2.4 CITY-ST-ZIP | |
| TITLE | TD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHIRLEY, JOHN D | 3.2 NAME | |
| STREET ADDRESS | 100 N SPRING TRAIL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHUH, NILES | 4.2 NAME | |
| STREET ADDRESS | 1095 DEES DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | OVIEDO FL | 4.4 CITY-ST-ZIP | |
| TITLE | SD | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHUH, MILES | 5.2 NAME | |
| STREET ADDRESS | 1095 DEES DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | OVIEDO FL | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE:

[Signature]

4/1/97

CR2E037 (9/96)