

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722976 (8)
1. Corporation Name
FLORIDA FEDERATION OF STAMP CLUBS, INC.

Principal Place of Business

Mailing Address

100 NORTH SPRING TRAIL
ALTAMONTE SPRINGS FL 32714
US

100 NORTH SPRING TRAIL
ALTAMONTE SPRINGS FL 32714
US

2. Principal Place of Business

2a. Mailing Address

21 517 Peach St.

26 517 Peach St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Venice, FL

28 Venice, FL

Zip

Country

Zip

Country

24 34292

25 USA

29 34292

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/16/1972

4. FEI Number

59-2195914

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No N/A

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

81 Name Higley, Herbert W.

82 Street Address (P.O. Box Number is Not Acceptable)

517 Peach St.

83

84 City

Venice,

FL

85 Zip Code

34292

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 Herbert W. Higley - Treasurer

7/25/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WALTER, PARKER E.
STREET ADDRESS 54 SCHOONER DR.
CITY-ST-ZIP PALM HARBOR FL
☐ DELETE

TITLE VD
NAME CARTER, WAYNE
STREET ADDRESS 205 S. HOVER ST.
CITY-ST-ZIP TAMPA FL
☒ DELETE

TITLE TD
NAME SHIRLEY, JOHN D
STREET ADDRESS 100 N SPRING TRAIL
CITY-ST-ZIP ALTAMONTE SPRINGS FL
☒ DELETE

TITLE D
NAME SCHUH, NILES
STREET ADDRESS 1005 DEES DRIVE
CITY-ST-ZIP OVIEDO FL
☐ DELETE

TITLE SD
NAME SCHUH, MILES
STREET ADDRESS 1005 DEES DRIVE
CITY-ST-ZIP OVIEDO FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME PARKER E. WALTER
1.3 STREET ADDRESS 2390 STONEHAVEN ST W.
1.4 CITY-ST-ZIP PALM HARBOR, FLORIDA 34684
☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME Selengut, Arnold
2.3 STREET ADDRESS 1109 River Hills Dr.
2.4 CITY-ST-ZIP Temple Terrace, FL 33687
☒ Change ☐ Addition

3.1 TITLE TD
3.2 NAME Higley, Herbert W.
3.3 STREET ADDRESS 517 Peach St.
3.4 CITY-ST-ZIP Venice, FL 34292
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE SD
5.2 NAME Lyons, Edward
5.3 STREET ADDRESS P.O. Box 271401
5.4 CITY-ST-ZIP Tampa, FL 33688-1401 (N/A)
☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. 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 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: H. W. Higley - Herbert W. Higley 7/25/98 941-482-8836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Aug 05 1998 8:00am
Secretary of State



CR2E037 (5/98)