

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 741920 (3)**  
1. Corporation Name  
**FLORIDA TELECOMMUNICATIONS ASSOCIATION, INC.**



Principal Place of Business  
**501 POLK ST STE 680  
PO BOX 1776  
TAMPA FL 33602**

Mailing Address  
**PO BOX 1776  
PO BOX 1776  
TAMPA FL 33601  
US**

3. Date Incorporated or Qualified  
**03/08/1978**

3a. Date of Last Report  
**03/02/1995**

4. FEI Number  
**59-3054862**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent  
**DE CHAMBEAU, MICHAEL  
650 US HWY 27 N  
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent  
81 Name **CAROL A. COFFEY**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**360 CENTRAL AVE.**  
83  
84 City **St. Petersburg** FL 85 Zip Code **33701**

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 *Carol A. Coffey* **CAROL A. COFFEY** TREAS-Director 4-2-96  
Signature, typed or printed name of registered agent (if not applicable) (NOT a Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	QUEVEDO, OSWALD	
STREET ADDRESS	375 PATRICIA AVE.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CORGAN, RON	
STREET ADDRESS	12902 MAGNOLIA DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BRUNTON, DEBBIE	
STREET ADDRESS	16313 N DALE MABRY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, BILL	
STREET ADDRESS	NASA, SI-CSD-3	
CITY-ST-ZIP	JFK SPACE CENTER FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	DECHAMBEAU, MICHAEL	
STREET ADDRESS	650 US HWY 27 N	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LARSON, BETSY	
STREET ADDRESS	880 CARILLON PKWY	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stacie Waters	
1.3 STREET ADDRESS	1936 George Jenkins Blvd	
1.4 CITY-ST-ZIP	Lakeland, FL 33801	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cherry Bailey	
2.3 STREET ADDRESS	1936 George Jenkins B	
2.4 CITY-ST-ZIP	Lakeland, FL 33801	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lois Klinek	
3.3 STREET ADDRESS	5505 GRAY STREET	
3.4 CITY-ST-ZIP	TAMPA, FL 33609	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hammond Powers	
4.3 STREET ADDRESS	925 E. Twiggs Street	
4.4 CITY-ST-ZIP	TAMPA, FL 33062	
5.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RON CORGAN	
5.3 STREET ADDRESS	12902 MAGNOLIA DR	
5.4 CITY-ST-ZIP	TAMPA, FL	
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CAROL A. COFFEY	
6.3 STREET ADDRESS	360 CENTRAL AVE.	
6.4 CITY-ST-ZIP	St. Petersburg, FL 33701	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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: *Carol A. Coffey* **CAROL A. COFFEY** 4-2-96 (813) 823-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)