


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1997 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				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 33601-1776 US		
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		3. Date Incorporated or Qualified 03/08/1978 3a. Date of Last Report 04/05/1996	
4. FEI Number 59-3054862		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 CAROL A COFFEY 360 CENTRAL AVE ST PETERSBURG FL 33701			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 of 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 617.0502, Florida Statutes. SIGNATURE <i>Carol A. Coffey</i> CAROL A. COFFEY TREAS-DIRECTOR 3-24-97 (NOTE: Registered Agent signature required when registering) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACIE WATERS		NAME	Stacie Helms	
STREET ADDRESS	1936 GEORGE JENKINS BLVD		STREET ADDRESS	1936 George Jenkins Blvd.	
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP	Lakeland, FL.	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERRY BAILEY		NAME	Allen Singleton	
STREET ADDRESS	1936 GEORGE JENKINS BLVD		STREET ADDRESS	PO Box 1776	
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP	TAMPA, FL. 33602	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOIS KLIMEK		NAME	DONNA ANDERSON	
STREET ADDRESS	5505 GRAY STREET		STREET ADDRESS	1936 George Jenkins Blvd.	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	Lakeland, FL.	
TITLE	D	<input type="checkbox"/> DELETE	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND POWERS		NAME		
STREET ADDRESS	925 E TWIGGS ST		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> DELETE	TITLE	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON CORGAN		NAME	Cherry Bailey	
STREET ADDRESS	12902 MAGNOLIA DR		STREET ADDRESS	1936 George Jenkins Blvd.	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	Lakeland, FL.	
TITLE	TD	<input type="checkbox"/> DELETE	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL A COFFEY		NAME		
STREET ADDRESS	360 CENTRAL AVE		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP		



CR2E037 (9/96)

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: *Carol A. Coffey* **3-24-97 (813) 823-4000**