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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/08/1978
4. FEI Number 59-3054862
Applied For <input type="checkbox"/> Not Applicable

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
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code

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 617.0502, Florida Statutes.

SIGNATURE CAROL A. COFFEY DATE 1-15-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	HELMES, STACIE
STREET ADDRESS	1936 GEORGE JENKINS BLVD.
CITY-ST-ZIP	LAKELAND FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	SINGLETON, ALLEN
STREET ADDRESS	P.O. BOX 1776
CITY-ST-ZIP	TAMPA FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, DONNA
STREET ADDRESS	1936 GEORGE JENKINS BLVD.
CITY-ST-ZIP	LAKELAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HAMMOND POWERS
STREET ADDRESS	925 E TWIGGS ST
CITY-ST-ZIP	TAMPA FL
TITLE	C <input checked="" type="checkbox"/> DELETE
NAME	BAILEY, CHERRY
STREET ADDRESS	1936 GEORGE JENKINS BLVD.
CITY-ST-ZIP	LAKELAND FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	CAROL A COFFEY
STREET ADDRESS	360 CENTRAL AVE
CITY-ST-ZIP	ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	AD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAY OTTE
1.3 STREET ADDRESS	P.O. Box 272000 N/A
1.4 CITY-ST-ZIP	TAMPA, FL. 33688-200
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STEVE MILLER
2.3 STREET ADDRESS	3201 - 34th St. So.
2.4 CITY-ST-ZIP	St. Petersburg, FL 33711
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sandra Beck
3.3 STREET ADDRESS	14840 - 49th Street N.
3.4 CITY-ST-ZIP	Clearwater, FL. 34622-289
4.1 TITLE	D (same) <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STACIE HELMES
5.3 STREET ADDRESS	1936 George Jenkins Blvd.
5.4 CITY-ST-ZIP	LAKELAND, FL
6.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	(same)
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: CAROL A. COFFEY DATE 1-15-98 823-4000 44210

CR2E037 (10/97)