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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741920

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/08/1978

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3054862

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAROL A COFFEY
360 CENTRAL AVE
ST PETERSBURG FL 33701

81 Name

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

83

84 City

FL

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 617.0503, Florida Statutes.

SIGNATURE

CAROL A. COFFEY

(NOTE: Registered agent signature required when reinstating)

2-4-99

12.

OFFICERS AND DIRECTORS

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME OTTE, RAY
STREET ADDRESS P.O. BOX 272000 N/A
CITY-ST-ZIP TAMPA FL 33688

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME MILLER, STEVE
STREET ADDRESS 3201 34TH ST S
CITY-ST-ZIP ST PETERSBURG FL 33711

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE SD
NAME BECK, SANDRA
STREET ADDRESS 14840 49TH ST N
CITY-ST-ZIP CLEARWATER FL 34622

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE D
NAME HAMMOND POWERS
STREET ADDRESS 925 E TWIGGS ST
CITY-ST-ZIP TAMPA FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE C
NAME HELMS, STACIE
STREET ADDRESS 1936 GEORGE JENKINS BLVD
CITY-ST-ZIP LAKE LAND FL

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE TD
NAME CAROL A COFFEY
STREET ADDRESS 360 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-4-99

Date

Daytime Phone #

(727) 823-4000

8-4210

CR2E037 (11/98)