

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 # **748687** (1)

1. Corporation Name

FLORIDA ASSOCIATION FOR INSTRUCTIONAL MATERIALS, INC.

Principal Place of Business

Mailing Address

6860 GULFPORT BLVD S BOX 158
P.O. BOX 280096
ST PETERSBURG FL 33707

6860 GULFPORT BLVD S BOX 158
P.O. BOX 280096
ST PETERSBURG FL 33707



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLYNES, BILL
1309 PELICAN CRK CROSSING
SOUTH PASADENA FL 33707

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

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

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME SIPE, JIM
STREET ADDRESS 5815 NOB HILL BLVD
CITY-ST-ZIP PT ORANGE FL ☒ DELETE

11 TITLE P
12 NAME ~~JEFF~~ BRAKE, JEFF ☐ Change ☒ Addition
13 STREET ADDRESS 921 BALCH AVE
14 CITY-ST-ZIP WINTER PARK, FL 32789

TITLE D
NAME SHEAN, JACK
STREET ADDRESS 1385 50 AVE. NE
CITY-ST-ZIP ST PETERSBURG FL ☐ DELETE

21 TITLE VP
22 NAME SHEAN, JACK ☒ Change ☐ Addition
23 STREET ADDRESS 1385 50 AVE. NE
24 CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE D
NAME DEMUTH, SHARON
STREET ADDRESS 1222 TYRINGHAM RD
CITY-ST-ZIP EUSTIS FL ☒ DELETE

31 TITLE D
32 NAME HANK BOHR, HANK ☐ Change ☒ Addition
33 STREET ADDRESS 2081 HAWKCREST DR. E
34 CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE P
NAME BRAMER, DAVID
STREET ADDRESS 6301 8 AVE SOUTH
CITY-ST-ZIP GULFPORT FL ☒ DELETE

41 TITLE D
42 NAME RUTTER, GERALD R. ☐ Change ☒ Addition
43 STREET ADDRESS 2100 GULF VIEW BLVD
44 CITY-ST-ZIP DUNEDIN, FL 34698

TITLE ST
NAME CLYNES, BILL
STREET ADDRESS 1309 PELICAN CRK CRSG
CITY-ST-ZIP SOUTH PASADENA FL ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME LANCASTER, JOYCE
STREET ADDRESS 808 BELLEMEADE AVE
CITY-ST-ZIP TAMPA FL ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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 119.07(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:

William J. Clynès
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

813-344-2808

Date

Daytime Phone #

CR2E037 (12/95)