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Jan 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 337076860 GULFPORT BLVD S BOX 158  
P.O. BOX 280096  
ST PETERSBURG FL 33707-2108

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified  
08/29/19793a. Date of Last Report  
02/02/19964. FEI Number  
59-2896526Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☒ No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME BRAKE, JEFF  
STREET ADDRESS 921 BALCH AVE  
CITY-ST-ZIP WINTER PARK FL1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME Lancaster, Joyce  
1.3 STREET ADDRESS 808 Bellemeade Ave  
1.4 CITY-ST-ZIP Tampa, FL 33617TITLE VP ☐ DELETE  
NAME SHEAN, JACK  
STREET ADDRESS 1385 50 AVE. NE  
CITY-ST-ZIP ST PETERSBURG FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME BOHR, HANK  
STREET ADDRESS 2081 HAWKCREST DR E  
CITY-ST-ZIP JACKSONVILLE FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME RUTTER, GERALD R  
STREET ADDRESS 2100 GULFVIEW BLVD  
CITY-ST-ZIP DUNEDIN FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ST ☐ DELETE  
NAME CLYNES, BILL  
STREET ADDRESS 1309 PELICAN CRK CRSG  
CITY-ST-ZIP SOUTH PASADENA FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME LANCASTER, JOYCE  
STREET ADDRESS 808 BELLEMEADE AVE  
CITY-ST-ZIP TAMPA FL6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME Pitney, David  
6.3 STREET ADDRESS 635 Jamestown Blvd. #2182  
6.4 CITY-ST-ZIP Altamonte Springs, FL 32714

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: William J. Clynès W. J. CLYNES

1/25/97

813 344-2808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050445

CR2E037 (9/96)