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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 748687

1. Corporation Name

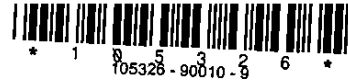
**FLORIDA ASSOCIATION FOR INSTRUCTIONAL MATERIALS,
INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/29/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2896526

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

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 SHEAN, JACK
STREET ADDRESS 1385 50TH AVE NE
CITY-ST-ZIP ST PETERSBURG FL 33703

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

TITLE VP ☐ DELETE
NAME RUTTER, JENNY
STREET ADDRESS 2100 GULFVIEW BLVD
CITY-ST-ZIP DUNEDIN FL 34698

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

TITLE D ☐ DELETE
NAME EDLER, PAUL
STREET ADDRESS P.O. BOX 5968 N/A
CITY-ST-ZIP LIGHTHOUSE POINT FL 34698

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

TITLE D ☐ DELETE
NAME GRUBER, ANN DEE
STREET ADDRESS P.O. BOX 8422 N/A
CITY-ST-ZIP CORAL SPRINGS FL 33705

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

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

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

TITLE D ☐ DELETE
NAME SUKERSON, JACK
STREET ADDRESS 5536 SAIL CT
CITY-ST-ZIP ORLANDO FL 32819

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME *Sukerson, Jack*
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, with all other like empowered.

SIGNATURE: (W) *Bill Clynès* BILL CLYNES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

727 344-2808

Date

Daytime Phone #

CR2E037 (1/98)