

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **838613** (8)

1. Corporation Name

SOUTHERN CIRCULATION MANAGERS ASSOCIATION, INCORPORATED

Principal Place of Business

P.O. BOX 1946
SAVANNAH GA 31402
US

Mailing Address

P.O. BOX 1946
SAVANNAH GA 31402
US



3. Date Incorporated or Qualified
06/17/1977

3a. Date of Last Report
09/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
62-0987238

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. 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

~~KEARLEY, BOB~~ Rob
THE NEWS JOURNAL
901 6TH STREET
DAYTONA BCH. FL 32117

NAME spelling wrong
(Same person)

81 Name
Kearley, Rob

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 **D** ☒ DELETE
NAME **KIMBROUGH, GRAHAM**
STREET ADDRESS **THE NEWS P.O. BOX 2553 N/A**
CITY-ST-ZIP **BIRMINGHAM AL 35202**

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **President**
1.3 STREET ADDRESS **Don Cunningham**
1.4 CITY-ST-ZIP **1609 W. First North St**
Morrisstown TN 37814

TITLE **D** ☐ DELETE
NAME **EICKHOFF, ROBERT**
STREET ADDRESS **THE SENTINEL 633 N. ORANGE AVE.**
CITY-ST-ZIP **ORLANDO FL 32801**

2.1 TITLE **V** ☒ Change ☐ Addition
2.2 NAME **1st Vice President**
2.3 STREET ADDRESS **Eickhoff, Robert (The Sentinel)**
2.4 CITY-ST-ZIP **633 N. orange ave**
Orlando FL 32801

TITLE **COB** ☒ DELETE
NAME **GRIFFIN, DANNY**
STREET ADDRESS **2200 NORTH 4TH AVENUE**
CITY-ST-ZIP **BIRMINGHAM AL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Debbie Irwin**
3.3 STREET ADDRESS **633 N. orange ave**
3.4 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **D** ☒ DELETE
NAME **FLOWERS, RON**
STREET ADDRESS **THE HERALD P.O. BOX 48 N/A**
CITY-ST-ZIP **ALBANY GA 31703**

4.1 TITLE **D** ☐ Change ☐ Addition
4.2 NAME **Doug D**
4.3 STREET ADDRESS **Doug Ducharme**
4.4 CITY-ST-ZIP **920 South St**
Vicksburg ms 39181

TITLE **P** ☒ DELETE
NAME **ANDREWS, MARSHALL**
STREET ADDRESS **825 N. MAIN ST.**
CITY-ST-ZIP **HATTIESBURG MS**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Linwood Pride, Jr**
5.3 STREET ADDRESS **125 Cypress Dr**
5.4 CITY-ST-ZIP **Rincon GA 31326**

TITLE **SV** ☐ DELETE
NAME **KEARLEY, ROB**
STREET ADDRESS **901 6TH ST.**
CITY-ST-ZIP **DAYTONA BCH. FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **Chairman of the Board**
6.3 STREET ADDRESS **Daytona Beach FL**
6.4 CITY-ST-ZIP **32117**

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.

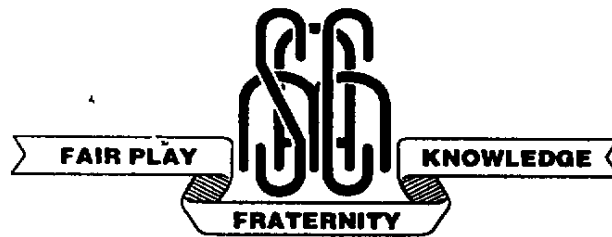
SIGNATURE:

Linwood A. Pride, Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/96
Date

(912) 652-0428
Daytime Phone #

CR2E037 (3/96)



Southern Circulation Managers' Association

Southern Circulation Managers' Association

Principal Officers:

President

Don Cunningham, 1609 W. First North St., Morristown, TN 37814

First Vice President

Bob Eickhoff, 633 N. Orange Ave, Orlando, FL 32801

Second Vice President

Tom Sheppard, P.O. Box 4689, Atlanta, GA 30302

Secretary/Treasurer

Linwood Pride, Jr., 125 Cypress Dr., Rincon, Ga 31326

Directors:

AL: John Rose, P.O. Box 977, Talladega, AL 35160

FL: Debbie Irwin, 633 N. Orange Ave, Orlando, FL 32801

GA: Lonnie Walker, P.O. Box 912, Athens, GA 30613

MS: Doug Ducharme, 920 South St, Vicksburg, MS 39181

LA: Curtis Woods, P.O. Box 2893, Lake Charles, LA 70601

TN: Steve Learn, P.O. Box 68, Murfreesboro, TN 37130

Handwritten signature and date: 6/15/96