

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90008 011 ****70.00

DOCUMENT # 838613

1. Corporation Name

SOUTHERN CIRCULATION MANAGERS ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 2987
DECATUR AL 35602
US

P.O. BOX 2987
DECATUR AL 35602
US



2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 7396**

26 **P.O. Box 7396**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Fort Myers, FL**

28 **Fort Myers, FL**

Zip Country

Zip Country

24 **33911** 25 **USA**

29 **33911** 30 **USA**

3. Date Incorporated or Qualified

06/17/1977

4. FEI Number

62-0987238

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IRWIN, DEBBIE
633 N ORANGE AVE
ORLANDO FL 32801

81 Name **Robert R. Kearley**

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

2442 Dr. Martin Luther King Jr. Blvd.

83

84 City **Fort Myers**

FL

85 Zip Code
33901

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

Robert R. Kearley

July 27, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **CUNNINGHAM, DON**
STREET ADDRESS **1609 W FIRST NOTRH ST**
CITY-ST-ZIP **MORRISTOWN TN**

TITLE ☒ DELETE

NAME **COTB EICKHOFF, ROBERT**
STREET ADDRESS **633 N ORANGE AVENUE**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ DELETE

NAME **S IRWIN, DEBBIE**
STREET ADDRESS **633 N ORANGE AVENUE**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ DELETE

NAME **T ANDREWS, MARSHALL R**
STREET ADDRESS **2312 SHELBOURNE AVE SW**
CITY-ST-ZIP **DECATUR-AL 35603**

TITLE ☒ DELETE

NAME **D DELOACH, JEFF**
STREET ADDRESS **5724 CHESTER**
CITY-ST-ZIP **ARLINGTON VA 38002**

TITLE ☒ DELETE

NAME **P SHEPPARD, TOM**
STREET ADDRESS **970 NORTH OLA RD**
CITY-ST-ZIP **MCDONOUGH GA 30252**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Chairman of the Board** ☒ Change ☐ Addition

1.2 NAME **Sheppard, Tom**

1.3 STREET ADDRESS **970 North OLA Rd**

1.4 CITY-ST-ZIP **Mc Donough, GA 30252**

2.1 TITLE **President** ☐ Change ☒ Addition

2.2 NAME **TABOE, GLEN**

2.3 STREET ADDRESS **304 Government St.**

2.4 CITY-ST-ZIP **Mobile, AL 36652**

3.1 TITLE **Director At Large** ☒ Change ☐ Addition

3.2 NAME **Eickhoff, Robert**

3.3 STREET ADDRESS **633 N Orange Avenue**

3.4 CITY-ST-ZIP **Orlando, FL 32802**

4.1 TITLE **Treasurer** ☐ Change ☒ Addition

4.2 NAME **Robert R. Kearley**

4.3 STREET ADDRESS **2442 Dr. Martin Luther King Jr. Blvd.**

4.4 CITY-ST-ZIP **Fort Myers, FL 33901**

5.1 TITLE **Secretary** ☒ Change ☐ Addition

5.2 NAME **Irwin, Debbie**

5.3 STREET ADDRESS **633 N. Orange Avenue**

5.4 CITY-ST-ZIP **Orlando, FL 32802**

6.1 TITLE **Vice President** ☐ Change ☒ Addition

6.2 NAME **MAIER, FRANK**

6.3 STREET ADDRESS **4900 Hwy 90 E.**

6.4 CITY-ST-ZIP **LAKE CHARLES, LA 70602**

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: *Robert R. Kearley* **ROBERT R. KEARLEY**

July 27, 1999

(941) 335-0247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)