

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005514

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** FLORIDA SMALL LEC POLITICAL ACTION COMMITTEE, INC.

**Current Principal Place of Business:**

215 SOUTH MONROE  
SUITE 804  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

1455 CANE CREEK ROAD  
QUINCY, FL 32351

**Current Mailing Address:**

215 SOUTH MONROE  
SUITE 804  
TALLAHASSEE, FL 32301

**New Mailing Address:**

1455 CANE CREEK ROAD  
QUINCY, FL 32351

**FEI Number:** 01-0740389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADAMS, L. CARL  
215 SOUTH MONROE  
SUITE 804  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

SHEHEANE, HERB  
1455 CANE CREEK ROAD  
QUINCY, FL 32351 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HERB SHEHEANE

04/27/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ADAMS, L. CARL  
Address: 215 SOUTH MONROE ST. SUITE 804  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: CONNER, LEON  
Address: 130 NORTH 4TH STREET  
City-St-Zip: MACLENNY, FL 32063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SHEHEANE, HERB  
Address: 1455 CANE CREEK ROAD  
City-St-Zip: QUINCY, FL 32351

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERB SHEHEANE

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date