


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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APPROVED  
AND  
FILED

498.182

1996 APR -4 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



500001715485

DOCUMENT #	N06613	(6)
1. Corporation Name INDEPENDENT TELEPHONE PIONEER ASSOCIATION, INC.		

Principal Place of Business % R E DOLAR 3501 BAYSHORE BLVD.. #1403 TAMPA FL 33629	Mailing Address % R E DOLAR 3501 BAYSHORE BLVD.. #1403 TAMPA FL 33629
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2. Principal Place of Business 21 1401 H Street NW, Suite, Apt. #, etc. 22 Ste 600 City & State 23 Washington DC Zip 24 20005		2a. Mailing Address 26 40 CSC Suite, Apt. #, etc. 27 1201 Hayes St City & State 28 Tallahassee, FL Zip 29 32301		3. Date Incorporated or Qualified 12/12/1984		3a. Date of Last Report 02/24/1995	
Country 25 USA		Country 30 USA		4. FEI Number 52-6068733		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent			
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 Gail Shelby, as agent Gail Shelby, as agent 2/16/96  
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	PO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BURKAM, DONALD E		1.2 NAME	WILLIAMS, BILLY G			
STREET ADDRESS	33219 MANDRAKE ROAD		1.3 STREET ADDRESS	PO Box 485			
CITY-ST-ZIP	ZEPHYRHILLS FL 33543		1.4 CITY-ST-ZIP	DAHLONEGA, GA 30533			
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP- 1st/Dir.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILDER, ROBERT		2.2 NAME	DUNLAP, JAMES			
STREET ADDRESS	213 E. WALL STREET		2.3 STREET ADDRESS	PO BOX 770			
CITY-ST-ZIP	PITTSBORO IN 46167		2.4 CITY-ST-ZIP	BLUEFIELD, WV 24701-0770			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP - 2nd /Dir.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PIRNE, BILLIE		3.2 NAME	McVEY, ROSS			
STREET ADDRESS	1500 HUNTER LOOP ROAD		3.3 STREET ADDRESS	PO BOX 628010			
CITY-ST-ZIP	MONTGOMERY AL 36101		3.4 CITY-ST-ZIP	MIDDLETON, WI 53562-8010			
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HANEY, LORETTA		4.2 NAME				
STREET ADDRESS	253 MYRTLE STREET		4.3 STREET ADDRESS				
CITY-ST-ZIP	REDLANDS CA 92373		4.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCCARTNEY, JAMES		5.2 NAME				
STREET ADDRESS	940 LONG BLVD., SUITE 20		5.3 STREET ADDRESS				
CITY-ST-ZIP	LANSING MI 48906-3125		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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: James McCartney Treas./Dir. 3/14/96 (512) 347-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

1201 HAYS STREET  
TALLAHASSEE, FL 32301  
904-222-9171  
904-222-0393 FAX

800-342-8086

49-272



ACCOUNT NO. : 072100000032  
REFERENCE : 847463 97569A  
AUTHORIZATION : *Patricia Pajuts*  
COST LIMIT : \$ 200.00

DATE : February 14, 1996

TIME : 4:09 PM

REF ID : 847463

CLERK NO: 97569A

CUSTOMER: Ms. Elicia Magruder  
Independent Telephone Pioneer  
Suite 600  
1401 H Street, N.W.  
Washington, DC 20005-2136

ANNUAL REPORT FILING

NAME: INDEPENDENT TELEPHONE PIONEER  
ASSOCIATION, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Clint D. Fuhrman

EXAMINER'S INITIALS:

*Stacy*  
*4/4/96*