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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT CONSTATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** FILED

APR 22 PM 3:11

DOCUMENT #

N06613

(6)

SECRETARY OF STATE

INDEPENDENT TELEPHONE PIONEER ASSOCIATION, INC. Principal Place of Business Mailing Address					A CONTRACTOR LEGISTRA				
1401 H STREET	ANAI	C/O CSC							
STE 600 1201 HAYES ST									
WASHINGTON DC 20005 TALLAHASSEE FL 32301-2608			8		3. Date Incorporated or Qualified	3a, Date of L	ast Report		
					12/12/1984	04/04	/1996		
· ·	2. Principal Place of Business 28. Mailing Address				4, FEI Number	Applied For			
21 26				52-6068733		Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		.75 Additional see Required		
City & State City & State					6. Election Campaign Financing		5.00 May Be		
23 28					Trust Fund Contribution		dded to Fees		
Zip	Country	Zip	Country	1	8. This corporation has liability fo		ider s. 199.032,		
24	9. Name and Address of Curren		30		Florida Statutes 10. Name and Address of New F	Yes No			
·	9. Name and Address of Curren	t ushistalen whell	81	Name	TO, Name and Address of New F	ediatelen Võitil			
CARDAR	ATION OFFICE COMPANY						·		
CORPORATION SERVICE COMPANY 1201 HAYS STREET			82	Street	Address (P.O. Box Number is Not Accepted				
TALLAHASSEE FL 32301			83		<u> </u>	15 19:	7.55		
			84	City	ーリサイとの 米米米米米	/970106	47-020 ###Cdde25		
			1						
11. Pursuant office or r	to the provisions of Sections 617.050; egistered agent, or both, in the State	2 and 617.1508, Florida Statute of Florida. Such change was at	s, the above uthorized by	e-named y the cor	corporation submits this statement for the poration's board of directors. I hereby acc	purpose of chang ept the appointme	ging its registered		
agent. La	m familiar with, and accept the obliga	ations of, Section 617.0503, Flor	rida Statute	\$.					
SIGNATURE	Signature, typed or printed name of registered age	nt and title it applicable. (NOTE:	Registered Apr	ent signature	s required when reinstating)	DATE			
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	CTORS IN 12		
TITLE	Р	★ DELETE	1.1 TITLE		President/D	K] Ch	nange 🔲 Addition		
NAME	WILLIAMS, BILLY C		1.2 NAME		Glenn Jacobs				
STREET ADDRESS	P.O. BOX 485		1.3 STREET		8 Kingswood Drive		}		
CITY - \$1 - ZIP			1.4 CITY - S 2.1 TITLE	T-ZIP	Normal, IL 61761 1st Vice President/D X]Change □ Additio		nange Addition		
TITLE NAME	VPD DUNLAP, JAMES	197			Ross McVey	Q G	range [
STREET ADDRESS	P.O.B OX 770 23		2.2 NAME 2.3 STREET		c/o TDS 8401 Greenway	Blud	llth Floor		
CITY - ST - ZIP	1.1/2_11/2 11		2. 4 CITY-		Middleton, WI 535 62				
TITLE			3.1 TITLE		2nd Vice President / I		nange		
NAME.	MCVEY, ROSS		3.2 NAME		Josephine M. Pritchard				
STREET ADDRESS	P.O. BOX 628010		3.3 STREET	ADDRESS	81 Locust Avenue Hershey, PA 17033				
CITY-SI-ZIP	MIDDLETON WI 53562-8010	DELETE	3.4. CITY-	ST-ZIP	Hersney, PA 1/U33	[_] Ch	nange Addition		
TITLE NAME	SD HANEY LODETTA (5)	["] OFFEIF	4.1 TITLE 4. 2 NAME			ניי מי	AUDIOON [Syns		
STREET ADDRESS	HANEY, LORETTA /D 253 MYRTLE STREET		4.2 NAME		ļ		ł		
CITY-ST-ZIP	REDLANDS CA 92373		4.4 CITY - S		•				
TITLE P	TD	☐ DELETE	5.1 TITLE		Treasurer /D	X ch	nange 🔲 Addition		
NAME	MCCARTNEY, JAMES		5.2 NAME		James McCartney				
STREET CORESS	940 LONG BLVD., SUITE 20		5.3 STREET	ADDRESS	2121 University Park	Dr Ste 1	50 [
CITY - ST - ZIP	LANSING MI 48909-3125	-	5.4 CiTY - 5	ST-ZIP	Okemos, MI 48864				
TITLE		DELETE	6.1 TITLE]	[]] Ch	nange		
NAME			6.2 NAME				mwb		
STREET ADDRESS			6.3 STREET	ADDRESS	1				

CITY-ST-ZIP

14. I do 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 receive 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 of an appear with an address.

SIGNATURE:

ZJUIRED