

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90211 020 \*\*\*\*61.25

0007295

**DOCUMENT # N06613**

1. Corporation Name

**INDEPENDENT TELEPHONE PIONEER ASSOCIATION, INC.**

Principal Place of Business

1401 H STREET NW  
STE 600  
WASHINGTON DC 20005

Mailing Address

C/O CSC  
1201 HAYES ST  
TALLAHASSEE FL 32301



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/12/1984

4. FEI Number

52-6068733

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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS 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

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 **D** ☐ DELETE  
NAME **HORNING, VANESSA**  
STREET ADDRESS **4132 122ND PL. SE**  
CITY-ST-ZIP **EVERETT WA 98208**

TITLE **D** ☐ DELETE  
NAME **MCVEY, ROSS**  
STREET ADDRESS **C/O TDS 8401 GREENWAY BLVD., 11TH FLOOR**  
CITY-ST-ZIP **MIDDLETON WI 53562**

TITLE **D** ☐ DELETE  
NAME **PRITCHARD, JOSEPHINE M**  
STREET ADDRESS **81 LOCUST AVE**  
CITY-ST-ZIP **HERSHEY PA 17033**

TITLE **D** ☐ DELETE  
NAME **HANEY, LORETTA**  
STREET ADDRESS **253 MYRTLE STREET**  
CITY-ST-ZIP **REDLANDS CA 92373**

TITLE **D** ☐ DELETE  
NAME **MCCARTNEY, JAMES**  
STREET ADDRESS **2121 UNIVERSITY PARK DR., STE 150**  
CITY-ST-ZIP **OKEMOS MI 48864**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **J. Guy Johnston**  
6.3 STREET ADDRESS **3199 Greenwood Rd.**  
6.4 CITY-ST-ZIP **Rock Hill, SC 29730**

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:

*Josephine M. Pritchard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/09/99 (17) 533-3971**  
Date Daytime Phone #

CR2E037 (1/98)