


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N21488 (4)
1. Corporation Name
**FLORIDA PUBLIC TELECOMMUNICATIONS ASSOCIATION, I
NC.**

Principal Place of Business 125 S GADSDEN STREET 200 TALLAHASSEE FL 32301 US	Mailing Address 125 S GADSDEN STREET 200 TALLAHASSEE FL 32301 US
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
--	---

3. Date Incorporated or Qualified 07/07/1987	4. FEI Number 65-0078684	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**GREEN, ANGELA B.
125 S GADSDEN STREET
SUITE 200
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	DS	<input type="checkbox"/> DELETE
NAME	MCLELLAN, LYN	
STREET ADDRESS	120 NW 154 ST	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUPILKA, GREG	
STREET ADDRESS	5447 CENTER STREET	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DURDEN, HUGH	
STREET ADDRESS	6428 PARKLAND DRIVE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	PC	<input type="checkbox"/> DELETE
NAME	NORRIS, LANCE C.	
STREET ADDRESS	125 S GADSDEN ST., STE 200	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COX, BILLY	
STREET ADDRESS	305 TIDWELL CIRCLE	
CITY-ST-ZIP	ALPHARETTA GA 30201	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GREEN, ANGELA B.	
STREET ADDRESS	125 S GADSDEN ST., STE. 200	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Angela B. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/98

(850) 222-5050

CR2E037 (10/97)

**ADDITIONAL INFORMATION FOR THE
FLORIDA PUBLIC TELECOMMUNICATIONS ASSOCIATION
NONPROFIT CORPORATION ANNUAL REPORT
1998**

Note---These officers/directors were reported last year and remain officers/directors, although their names do not appear on the preprinted form. There are no changes needed to the information reported to your office last year for these individuals.

TITLE	D
NAME	KORMAN, JOHN
STREET ADDRESS	4750 N. DIXIE HIGHWAY
CITY-ST-ZIP	OAKLAND PARK, FL 33334

TITLE	D
NAME	WILLIAMS, JOE
STREET ADDRESS	1761 NW 12 AVENUE
CITY-ST-ZIP	HOMESTEAD, FL 33030-2935

TITLE	D
NAME	FORD, MICHAEL
STREET ADDRESS	8230 SW 41 TERRACE
CITY-ST-ZIP	MIAMI, FL 33156

TITLE	D
NAME	SELVIDGE, BARRY
STREET ADDRESS	1150 NORTHMEADOW PKWY, #118
CITY-ST-ZIP	ROSWELL, GA 30076

TITLE	D
NAME	ROSE, TOM
STREET ADDRESS	1846 CARGO COURT
CITY-ST-ZIP	LOUISVILLE, KY 40299

TITLE	D/V
NAME	RENARD, BRUCE
STREET ADDRESS	2300 NW 89 PLACE
CITY-ST-ZIP	MIAMI, FL 33172-2431

ADDITIONAL INFORMATION
1998 ANNUAL REPORT
PAGE 2

TITLE	D/V
NAME	BLYTH, JAMES D.
STREET ADDRESS	11750 SW 113 COURT
CITY-ST-ZIP	MIAMI, FL 33176-3227

TITLE	D/T
NAME	KLIGMANN, EUGENE W.
STREET ADDRESS	8510 NW 56 STREET
CITY-ST-ZIP	MIAMI, FL 33166-3329

Note---The following directors have been added since the time we filed our last annual report.

TITLE	D
NAME	COLLINS, JOHN
STREET ADDRESS	157 NW 94TH WAY
CITY-ST-ZIP	CORAL SPRINGS, FL 33071-7311

TITLE	D
NAME	MEZRAH, ALLAN
STREET ADDRESS	2011 W. CLEVELAND ST., SUITE A
CITY-ST-ZIP	TAMPA, FL 33606