

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21488

FILED
May 01, 2009
Secretary of State

Entity Name: FLORIDA PUBLIC TELECOMMUNICATIONS ASSOCIATION, INC.

Current Principal Place of Business:

BAYWOOD CENTER SUITE 140
9432 BAYMEADOWS ROAD
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

BAYWOOD CENTER SUITE 140
9432 BAYMEADOWS ROAD
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 65-0078684 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TOBIN & REYES PA
5355 TOWN CENTER ROAD
SUITE 204
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

RENARD, BRUCE W MR.
7955 LITTLE FOX LANE
JACKSONVILLE, FL 32256 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: BRUCE W. RENARD

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EDO () Delete
Name: RENARD, BRUCE W
Address: 9432 BAYMEADOWS RD STE. 140
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: ROSE, TOM
Address: 1846 CARGO COURT
City-St-Zip: LOUISVILLE, KY 40299

Title: D () Delete
Name: WILLIAMS, JOE
Address: 1761 NW 12 AVE
City-St-Zip: HOMESTEAD, FL 330302935

Title: D () Delete
Name: MEZRAH, ALLAN
Address: 2011 W CLEVELAND ST SUITE A
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: JACKSON, BILL
Address: 9390 WESTLINKS TERRACE
City-St-Zip: SEMINOLE, FL 337779999

Title: D () Delete
Name: BIMONTE, JIM
Address: 1393 SW 12TH AVENUE
City-St-Zip: POMPANO BEACH, FL 330694639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BRUCE W. RENARD

EDO

05/01/2009

Electronic Signature of Signing Officer or Director

Date