FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:59

DOCUMENT # **N33718** (0)

1. Corporation Name

FLORIDA GOVERNMENT COMMUNICATORS ASSOCIATION INC ORPORATED

Principal Place of Business	Mailing Address
123 WEST INDIANA AVENUE DELAND FL 32720-4612	123 WEST INDIANA AVENUE DELAND FL 32720-4612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1989	3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-2960486	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Citizens Assistance & Information	26
Suite, Apt. #, etc. 22 601 E. Kennedy Blvd.	Suite, Apt. #, etc. 27 P.O. Box 1110
City & State 23 Tampa, FL 33602	City & State 28 Tampa, FL
Zip / Country 24 33602 / 25 USA	Zip / Country 29 33601 / 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BYRON, DAVID F. 123 W INDIANA AVE DELAND FL 32720-4612	81 Name: Michelle Oldack 82 Street Address (P.O. Box Number is Not Acceptable): Citizens Assistance & Information 83 601 E. Kennedy Blvd. 84 City: Tampa FL 85 Zip Code: 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Michelle Oldack, Treasurer — Michelle Oldack — April 25, 1995
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	PD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	ED, SMITH	12 NAME	Byron, David	
STREET ADDRESS	601 SE 25TH AVE	13 STREET ADDRESS	123 W. Indiana Ave.	
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	Deland, FL 32720/4612	
TITLE	V/D	21 TITLE	V/D	☒ Change ☐ Addition
NAME	BYRON, DAVID	22 NAME	Devaney, Sally	
STREET ADDRESS	123 W. INDIAN AVE	23 STREET ADDRESS	301 N. Olive Ave.	
CITY-ST-ZIP	DELAND FL	24 CITY-ST-ZIP	~~West Palm Beach,FL 33401~~	
TITLE	S D	31 TITLE	S/D	☒ Change ☐ Addition
NAME	DEVANEY, SALLY	32 NAME	Reale, Diane	
STREET ADDRESS	2030 CONGRESS AVENUE	33 STREET ADDRESS	7501 N. Jog Road	
CITY-ST-ZIP	WEST PALM BEACH FL	34 CITY-ST-ZIP	West Palm Beach, FL 33412	
TITLE	TD	41 TITLE	T/D	☐ Change ☐ Addition
NAME	OLDACK, MICHELLE	42 NAME	Oldack, Michelle	
STREET ADDRESS	P.O. BOX 1110	43 STREET ADDRESS	601 E. Kennedy Blvd.	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	Tampa, FL 33602	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	Marcous, Allison Burke	
STREET ADDRESS		53 STREET ADDRESS	225 Newburyport Ave.	
CITY ST ZIP		54 CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	Brackney, Margaret	
STREET ADDRESS		63 STREET ADDRESS	119 West Raley St.	
CITY-ST-ZIP		64 CITY-ST-ZIP	Orlando, FL 32806-3967	

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)(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.

SIGNATURE: Michelle Oldack — 4/25/95 — 813/272-5314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michelle Oldack, Treasurer

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