FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N33718 (0)

1. Corporation Name

FLORIDA GOVERNMENT COMMUNICATORS ASSOCIATION INC
ORPORATED

Principal Place of Business	Mailing Address
CITIZENS ASSISTANCE & INFORMATION 601 E KENNEDY BLVD TAMPA FL 33602 US	P O BOX 1110 TAMPA FL 33601 US

3. Date Incorporated or Qualified: 08/15/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 City Manager's Office	26 Attention: Sonny Allen
Suite, Apt. #, etc. 22 151 S E. Osceola Ave	Suite, Apt. #, etc. 27 P.O. BOX 1270
City & State 23 Ocala, FL	City & State 28 Ocala FL
Zip / Country 24 34471 / 25 U.S.	Zip / Country 29 34478 / 30 U.S.

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OLDACK, MICHELLE CITIZENS ASSISTANCE & INFORMATION 601 E KENNEDY BLVD TAMPA FL 33602	81 Name: Sonny Allen 82 Street Address (P.O. Box Number is Not Acceptable): 151 S.E. Osceola Ave. 83: city manager's office 84 City: Ocala FL 85 Zip Code: 34471

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: Sonny Allen - Sonny Allen - Treasurer — 3/4/96
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	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BYRON, DAVID		1.2 NAME	Devaney, Sally	
STREET ADDRESS	123 W INDIANA AVE		1.3 STREET ADDRESS	301 N Olive Ave	
CITY-ST-ZIP	DELAND FL		1.4 CITY-ST-ZIP	West Palm Beach FL 33401	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	DEVANEY, SALLY		2.2 NAME	Oldack, Michelle	
STREET ADDRESS	301 N OLIVE AVE		2.3 STREET ADDRESS	601 E Kennedy Blvd	
CITY-ST-ZIP	WEST PALM BEAHC FL		2.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REALE, DIANE		3.2 NAME		
STREET ADDRESS	7501 N JOG RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	OLDACK, MICHELLE		4.2 NAME	Sonny Allen	
STREET ADDRESS	601 E KENNEDY BLVD		4.3 STREET ADDRESS	151 SE Osceola Ave.	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Ocala, FL 34471	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MARCOUS, ALLISON BURKE		5.2 NAME	Carrie Boem	
STREET ADDRESS	225 NEWBURYPORT AVE		5.3 STREET ADDRESS	10 S. Missouri	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		5.4 CITY-ST-ZIP	Clearwater, FL 34616	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	BRACKNEY, MARGAREY		6.2 NAME	Jennifer Wilster	
STREET ADDRESS	119 WEST KALET ST		6.3 STREET ADDRESS	2 S. Orlando Ave	
CITY-ST-ZIP	ORLANOD FL		6.4 CITY-ST-ZIP	Cocoa Beach FL 32932	

CR2E037 (12/95)

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: Sonny Allen Sonny Allen — March 18, 1996 — (352) 629-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #