

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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**

4. FEI Number
59-2960486

Applied For
Not Applicable

22 **151 S.E. Osceola Ave**

27 **P.O. Box 1270**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **Ocala, FL**

28 **Ocala FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **34471**

25 **U.S.**

29 **34478**

30 **U.S.**

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's signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD BYRON, DAVID**
STREET ADDRESS **123 W INDIANA AVE**
CITY-ST-ZIP **DELAND FL**

TITLE ☐ DELETE
NAME **VD DEVANEY, SALLY**
STREET ADDRESS **301 N OLIVE AVE**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE
NAME **SD REALE, DIANE**
STREET ADDRESS **7501 N JOG RD**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE
NAME **TD OLDACK, MICHELLE**
STREET ADDRESS **601 E KENNEDY BLVD**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME **D MARCOUS, ALLISON BURKE**
STREET ADDRESS **225 NEWBURYPORT AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☐ DELETE
NAME **D BRACKNEY, MARGAREY**
STREET ADDRESS **119 WEST KALET ST**
CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD Devaney, Sally**
1.3 STREET ADDRESS **301 N Olive Ave**
1.4 CITY-ST-ZIP **West Palm beach FL 33401**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VD Oldack, Michelle**
2.3 STREET ADDRESS **601 E Kennedy Blvd**
2.4 CITY-ST-ZIP **Tampa, FL 33602**

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 **TD Sonny Allen**
4.3 STREET ADDRESS **151 SE Osceola Ave.**
4.4 CITY-ST-ZIP **Ocala, FL 34471**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **D Carrie Beem**
5.3 STREET ADDRESS **10 S. Missouri**
5.4 CITY-ST-ZIP **Clearwater, FL 34616**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D Jennifer Wilster**
6.3 STREET ADDRESS **2 S. Orlando Ave**
6.4 CITY-ST-ZIP **Cocoa Beach, FL 32932**

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 18, 1996

Date

(352) 629-8400

Daytime Phone #

CR2E037 (12/95)