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Feb 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
CITY MANAGERS OFFICE 151 SE OSCEOLA AVENUE OCALA FL 34471 US	C/O SONNY ALLEN P.O. BOX 1270 OCALA FL 34478-1270 US

3. Date Incorporated or Qualified: 08/15/1989
3a. Date of Last Report: 03/20/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

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

ALLEN, SONNY
CITY MANAGERS OFFICE
151 SE OSCEOLA AVENUE
OCALA FL 34471

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	DEVANEY, SALLY		1.2 NAME	Michelle Oldack	
STREET ADDRESS	301 N OLIVE AVENUE		1.3 STREET ADDRESS	601 E. Kennedy Blvd.	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	Tampa FL 33601	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	OLDACK, MICHELLE		2.2 NAME	Diane Reale	
STREET ADDRESS	601 E, KENNEDY BLVD		2.3 STREET ADDRESS	7501 N. Jog Rd.	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	West Palm Beach FL 33412	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	REALE, DIANE		3.2 NAME	Carrie Beem	
STREET ADDRESS	7501 N JOG RD		3.3 STREET ADDRESS	100 S. Myrtle Ave # 360	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	Clearwater FL 34616	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, SONNY		4.2 NAME		
STREET ADDRESS	151 SE OSCEOLA AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	BEEM, CARRIE		5.2 NAME	Bill Marcous	
STREET ADDRESS	10 S MISOURI		5.3 STREET ADDRESS	~~P.O. Box 1988~~ 300 N. Park Ave.	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	Sanford, FL ~~32772~~ 32771	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WILSTER, JENNIFER		6.2 NAME		
STREET ADDRESS	2 S. ORLANDO AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Suzanne V. Allen - Sonny Allen Feb. 10, 1997 (352) 629-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #