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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US

3. Date Incorporated or Qualified

08/15/1989

4. FEI Number

59-2960486

Applied For

Not Applicable

2. Principal Place of Business

21 Utilities Administration

Suite, Apt. #, etc.

22 2891 Harper Road

City & State

23 Melbourne, FL

Zip

24 32904

Country

25 US

2a. Mailing Address

26 c/o Jennifer Wilster

Suite, Apt. #, etc.

27 2891 Harper Road

City & State

28 Melbourne, FL

Zip

29 32904

Country

30 US

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

Jennifer Wilster

82 Street Address (P.O. Box Number is Not Acceptable)

2891 Harper Road

83

City of Melbourne Utilities Administration

84 City

Melbourne

FL

85 Zip Code

32904

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

Jennifer Wilster - Jennifer Wilster - Treasurer

1/28/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME DEVANEY, SALLY
STREET ADDRESS 301 N OLIVE AVENUE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE PD ☐ DELETE

NAME OLDACK, MICHELLE
STREET ADDRESS 601 E. KENNEDY BLVD
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE

NAME REALE, DIANE
STREET ADDRESS 7501 N JOG RD
CITY-ST-ZIP WEST PALM BEACH FL

TITLE TD ☐ DELETE

NAME ALLEN, SONNY
STREET ADDRESS 151 SE OSCEOLA AVENUE
CITY-ST-ZIP OCALA FL

TITLE SD ☐ DELETE

NAME BEEM, CARRIE
STREET ADDRESS 100 S MYRTLE AVE., #360
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME WILSTER, JENNIFER
STREET ADDRESS 2 S. ORLANDO AVENUE
CITY-ST-ZIP COCOA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Dianne Reale
1.3 STREET ADDRESS 7501 N. Jog Road
1.4 CITY-ST-ZIP West Palm Beach, FL 33412

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Sonny Allen
2.3 STREET ADDRESS 151 SE Osceola Avenue
2.4 CITY-ST-ZIP Ocala, FL 34471

3.1 TITLE TD ☒ Change ☐ Addition

3.2 NAME Jennifer Wilster
3.3 STREET ADDRESS 2891 Harper Road
3.4 CITY-ST-ZIP Melbourne, FL 32904

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Past President/Director
4.3 STREET ADDRESS Michelle Oldack
4.4 CITY-ST-ZIP 601 E. Kennedy Blvd.
Tampa, FL 33602

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Bill Marcous
5.3 STREET ADDRESS P.O. Box 1788
5.4 CITY-ST-ZIP Sanford, FL 32772

6.1 TITLE D ☒ Change ☒ Addition

6.2 NAME Nancy Hussong
6.3 STREET ADDRESS 1804 Lewis Turner Blvd., #100
6.4 CITY-ST-ZIP Ft. Walton Beach, FL 32547

14. I 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:

Jennifer Wilster

REQUIRE

1/28/98 (407) 782-6026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0069227

CR2E037 (10/97)