


FILE NOW: FILING FEE IS \$61.25

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Feb 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N33718					
1. Corporation Name FLORIDA GOVERNMENT COMMUNICATORS ASSOCIATION INC ORPORATED					
Principal Place of Business UTILITIES ADMINISTRATION 2891 HARPER RD MELBOURNE FL 32904 US			Mailing Address C/O JENNIFER WILSTER 2891 HARPER RD MELBOURNE FL 32904 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/15/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2960486	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
WILSTER, JENNIFER 2891 HARPER RD CITY OF MELBOURNE UTILITIES ADMINISTRATION MELBOURN FL 32904			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 Jennifer Wilster - Jennifer Wilster - Treasurer/Director 1/5/99
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REALE, DIANNE	1.2 NAME	Allen, Sonny
STREET ADDRESS	7501 N JOG RD	1.3 STREET ADDRESS	151 SE Osceola Avenue
CITY-ST-ZIP	WEST PALM BEACH FL 33412	1.4 CITY-ST-ZIP	Ocala, FL 34471
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, SONNY	2.2 NAME	Beem, Carrie
STREET ADDRESS	151 SE OSCEOLA AVE	2.3 STREET ADDRESS	100 S. Myrtle Avenue
CITY-ST-ZIP	OCALA FL 34771	2.4 CITY-ST-ZIP	Clearwater, FL 33758
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSTER, JENNIFER	3.2 NAME	Wilster, Jennifer
STREET ADDRESS	2891 HARPER RD	3.3 STREET ADDRESS	2891 Harper Road
CITY-ST-ZIP	MELBOURNE FL 32904	3.4 CITY-ST-ZIP	Melbourne, FL 32904
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLDACK, MICHELLE	4.2 NAME	Hussong, Nancy
STREET ADDRESS	601 E KENNEDY BLVD	4.3 STREET ADDRESS	1804 Lewis Turner Blvd. #100
CITY-ST-ZIP	TAMPA FL 33602	4.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32547
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCOUS, BILL	5.2 NAME	Heiss, Patsy
STREET ADDRESS	P O BOX 1788	5.3 STREET ADDRESS	4020 Lewis Speedway
CITY-ST-ZIP	SANFORD FL 32772	5.4 CITY-ST-ZIP	St. Augustine, FL 32085
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUSSONG, NANCY	6.2 NAME	Mertens, Lori
STREET ADDRESS	1804 LEWIS TURNER BLVD #100	6.3 STREET ADDRESS	1600 S. Park Road
CITY-ST-ZIP	FT WALTON BEACH FL 32547	6.4 CITY-ST-ZIP	Hollywood, FL 33022

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, with all other like empowered.

SIGNATURE: Jennifer Wilster 1/5/99 (407) 953-6216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)