

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90027 028 ****61.25

DOCUMENT # N33718

1. Entity Name

**FLORIDA GOVERNMENT COMMUNICATORS ASSOCIATION INC
ORPORATED**

Principal Place of Business

Mailing Address

**JUVENILE WELFARE BD
6698 68 AV N A
PINELLAS PARK FL 33781
US**

**% KATHY HELMUTH
6698 68 AV N A
PINELLAS PARK FL 33781
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2960486**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEISS, PATRICIA A
KATHRYN M HELMUTH
6698 68 AV NO A
PINELLAS PARK FL 33781**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HELMUTH, KATHRYN 6698 65TH AVE #A PINELLAS PARK FL 33781	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, WAYNE 101 N CHURCH ST KISSIMMEE FL 34741	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHADWICK, SHON 9551 W SAMPLE RD CORAL SPG FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUSSONG, NANCY 1804 LEWIS TURNER BLVD #100 FT. WALTON BEACH FL 32547	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEISS, PATSY 4020 LEWIS SPEEDWAY SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, JAY 1600 S PARK ROAD HOLLYWOOD FL 33022	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Director Hudson, Lori 510 Bay Ave. Clearwater, FL 33756	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Secretary Chadwick, Sheri	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Director Blackman, Lana 7501 N. Jog Rd. West Palm Beach, FL 33412	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Vice president 1600 Ringling Blvd. Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

KATHRYN M. HELMUTH 1/8/02 727-547-5677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)