

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90010 040 \*\*\*\*61.25

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02062006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N33718</b> 1. Entity Name <b>FLORIDA GOVERNMENT COMMUNICATORS ASSOCIATION INCORPORATED</b>					
Principal Place of Business <b>BROWARD COUNTY SOE</b> <b>115 S. ANDREWS AVE. ROOM 102</b> <b>FT. LAUDERDALE, FL 33301 US</b>			Mailing Address <b>% KIMBERLY LARKINS</b> <b>P.O. BOX 433</b> <b>FT. LAUDERDALE, FL 33302 US</b>		
2. Principal Place of Business <b>Hillsborough County Parks/Rec c/o John Brill</b> Suite, Apt. #, etc. <b>1101 E. River Cove St.</b> City & State <b>Tampa, FL</b> Zip <b>33604</b>		3. Mailing Address <b>1101 E. River Cove St.</b> Suite, Apt. #, etc. <b>1101 E. River Cove St.</b> City & State <b>Tampa, FL</b> Zip <b>33604</b>		4. FEI Number <b>59-2960486</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LARKINS, KIMBERLY R T</b> <b>KIMBERLY LARKINS</b> <b>P.O. BOX 433</b> <b>FT. LAUDERDALE, FL 33302</b>				7. Name and Address of New Registered Agent Name <b>John Brill</b> Street Address (P.O. Box Number is Not Acceptable) <b>Hillsborough Co. Parks, Recreation &amp; Cons.</b> <b>1101 E. River Cove St.</b> City <b>Tampa</b>	
State <b>FL</b>					
Zip Code <b>33604</b>					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>John Brill</u> <b>John Brill</b> <u>2/23/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME HUDSON, LORI STREET ADDRESS 14255 49TH ST. N., SUITE 202 CITY-ST-ZIP CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Delete		TITLE P NAME Margarete Laidlaw STREET ADDRESS 4020 Lewis Speedway, PO Drawer 349 CITY-ST-ZIP St. Augustine, FL 32085	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME LAIDLAW, MARGARETE STREET ADDRESS 4020 LEWIS SPEEDWAY, P.O. DRAWER 349 CITY-ST-ZIP ST. AUGUSTINE, FL 32085	<input type="checkbox"/> Delete		TITLE VP NAME John Brill STREET ADDRESS 1101 E. River Cove St. CITY-ST-ZIP Tampa, FL 33604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME ROBINSON, KIMBERLY L STREET ADDRESS 1-NORTH UNIVERSITY DRIVE, SUITE 400-B CITY-ST-ZIP PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete		TITLE T NAME Lori Hudson STREET ADDRESS 601 E. Kennedy Blvd. CITY-ST-ZIP Tampa, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME CANTARINE, ELIZABETH STREET ADDRESS 1660 RINGLING BLVD. CITY-ST-ZIP SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE (Same) NAME (Same) STREET ADDRESS (Same) CITY-ST-ZIP (Same)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>John Brill</u> <b>John Brill</b> <u>2/23/06</u> <b>813-903-2241</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					