

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33718

FILED  
Apr 10, 2007  
Secretary of State

**Entity Name:** FLORIDA GOVERNMENT COMMUNICATORS ASSOCIATION INCORPORATED

**Current Principal Place of Business:**

HILLSBOROUGH CTY PARKS/REC/C/OJOHN BRILL  
1101 E RIVER COVE ST  
TAMPA, FL 33604 US

**New Principal Place of Business:**

**Current Mailing Address:**

% KIMBERLY LARKINS  
P.O. BOX 433  
FT. LAUDERDALE, FL 33302 US

**New Mailing Address:**

%EDDIE BURCH  
6698 68TH AVE. N.  
PINELLAS PARK, FL 33781 US

**FEI Number:** 59-2960486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRILL, JOHN  
HILLSBOROUGH CO. PARKKS RECREATION&CONS.  
1101 E RIVER COVE ST  
TAMPA, FL 33604 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LAIDLAW, MARGARETE  
Address: 4020 LEWIS SPEEDWAY PO BOX 349  
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: VP ( ) Delete  
Name: LAIDLAW, MARGARETE  
Address: 4020 LEWIS SPEEDWAY, P.O. DRAWER 349  
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: T ( ) Delete  
Name: HUDSON, LORI  
Address: 601 E KENNEDY BLVD H  
City-St-Zip: TAMPA, FL 33602

Title: S ( ) Delete  
Name: CANTARINE, ELIZABETH  
Address: 1660 RINGLING BLVD.  
City-St-Zip: SARASOTA, FL 34236

Title: VP (X) Delete  
Name: BRILL, JOHN  
Address: 1101 E RIVER COVE ST  
City-St-Zip: TAMPA, FL 33604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BRILL, JOHN  
Address: 1101 E. RIVER COVE  
City-St-Zip: TAMPA, FL 33604

Title: VP (X) Change ( ) Addition  
Name: BURCH, EDDIE  
Address: 6698 68TH AVE. N.  
City-St-Zip: PINELLAS PARK, FL 33781

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI HUDSON

T

04/10/2007

Electronic Signature of Signing Officer or Director

Date