FILE NOW: FILING FEE AFTER MAY 1 IS $155.00 3-1-95 P-1693-XC

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -1 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42544 (9)

1. Corporation Name
FLORIDA ASSOCIATION OF VERBATIM REPORTERS, INCORPORATED

Principal Place of Business	Mailing Address
PO BOX 76345 ST. PETE FL 33734 US	PO BOX 76345 ST. PETERSBURG FL 33734 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0294775 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HUFFMAN, PEGGY
4124 REDCOAT DR
ZEPHYRHILLS FL 33543

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	THOMPSON, STEPHEN C
STREET ADDRESS	4560 SIXTH AVE NORTH
CITY-ST-ZIP	ST. PETE FL
TITLE	VPD
NAME	BOWMAN, CHARLENE
STREET ADDRESS	141 NW MADISON CIR
CITY-ST-ZIP	ST PETE FL
TITLE	S
NAME	KRAUTHEIM, SUZAN D
STREET ADDRESS	603 TWINBROOK CIR
CITY-ST-ZIP	LUTZ FL
TITLE	D
NAME	LANGAN, ROCHELLE
STREET ADDRESS	738 - 76TH AVE NO
CITY-ST-ZIP	ST. PETE FL
TITLE	D
NAME	GOUGH, PATRICIA
STREET ADDRESS	5801 N PLESS RD
CITY-ST-ZIP	PLANT CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Bowman, Charlene F. 141 NW Madison Circle North St. Petersburg, FL 33702	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VPD Thompson, Stephen C. 4560 6th Avenue North St. Petersburg, FL 33713	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S Huffman, Peggy 4124 Redcoat Drive Zephyrhills, FL 33543	☒ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Treasurer Gough, Patricia 5801 North Pless Road Plant City, FL 33565	☒ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Krautheim, Suzan D. 603 Twinbrook Circle Lutz, FL 33549	☒ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Mott, Rita 1901 Hickley Road Orlando, FL 32818	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Charlene Bowman 3/23/95 (813) 323-3383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARLENE BOWMAN

0098503