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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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
USPO BOX 76345
ST. PETERSBURG FL 33734-6345
US3. Date Incorporated or Qualified
03/12/19913a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

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9. Name and Address of Current Registered Agent

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 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

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	P	<input type="checkbox"/> DELETE
NAME	BOWMAN, CHARLENE F	
STREET ADDRESS	141 NW MADISON CIRCLE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	THOMPSON, STEPHEN C	
STREET ADDRESS	4560 8TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HUFFMAN, PEGGY	
STREET ADDRESS	4124 REDCOAT DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GOUGH, PATRICIA	
STREET ADDRESS	5801 NORTH PLESS ROAD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRAUTHEIM, SUZAN D	
STREET ADDRESS	603 TWINBROOK CIRCLE	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOTT, RITA	
STREET ADDRESS	1901 HINCKLEY ROAD	
CITY-ST-ZIP	ORLANDO FL	

1.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kimberley S. Johnson	
3.3 STREET ADDRESS	7702 Lake Cypress Drive	
3.4 CITY-ST-ZIP	Odessa, FL 33556	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gaye Monaghan	
4.3 STREET ADDRESS	7226 O'Doniel Loop West	
4.4 CITY-ST-ZIP	Lakeland, FL 33809	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Peggy Huffman	
5.3 STREET ADDRESS	4124 Redcoat Dr.	
5.4 CITY-ST-ZIP	Zephyrhills, FL	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Patricia Gough	
6.3 STREET ADDRESS	5801 N. Pless Road	
6.4 CITY-ST-ZIP	Plant City, FL	

14. I do 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.

SIGNATURE: *Charlene Bowman* Charlene Bowman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/6/97 8:13-823-8388

Daytime Phone # 0051410

CR2E037 (9/96)