


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90144 016 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42544

1. Corporation Name

FLORIDA ASSOCIATION OF VERBATIM REPORTERS, INCORPORATED

Principal Place of Business

PO BOX 76345
ST. PETE FL 33734
US

Mailing Address

PO BOX 76345
ST. PETERSBURG FL 33734
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/12/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0294775	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HUFFMAN, PEGGY 4124 REDCOAT DR ZEPHYRHILLS FL 33543				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOWMAN, CHARLENE F			1.2 NAME			
STREET ADDRESS	141 NW MADISON CIRCLE NORTH			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAVENDER, NANCY			2.2 NAME			
STREET ADDRESS	3310 ROOSEVELT ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021			2.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, KIMBERLY S.			3.2 NAME			
STREET ADDRESS	7702 LAKE CYPRESS DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	ODESSA FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOUGH, PATRICIA			4.2 NAME			
STREET ADDRESS	5801 NORTH PLESS ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY FL			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUFFMAN, PEGGY			5.2 NAME			
STREET ADDRESS	4124 REDCOAT DR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL			5.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GALLANT, WILLIAMS T			6.2 NAME	Gayle Featheringill		
STREET ADDRESS	P O BOX 350322			6.3 STREET ADDRESS	1206 Arden Way		
CITY-ST-ZIP	GRAND ISLAND FL 32735			6.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250		

14. 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 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, with all other like empowered.

SIGNATURE: *Charlene F. Bowman* Charlene F. Bowman, Treasurer 1/20/99 (727)823-8388

CR2E037 (11/98)