


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N42544 1. Entity Name FLORIDA ASSOCIATION OF VERBATIM REPORTERS, INCORPORATED	
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Principal Place of Business PO BOX 76345 ST. PETE, FL 33734 US	Mailing Address PO BOX 76345 ST. PETERSBURG, FL 33734 US
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DO NOT WRITE IN THIS SPACE

01242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0294775	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HUFFMAN, PEGGY
4124 REDCOAT DR
ZEPHYRHILLS, FL 33543

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOWMAN, CHARLENE F 141 NW MADISON CIRCLE NORTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAVENDER, NANCY 3310 ROOSEVELT ST HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VANDUSEN, KARLA S 332 SEVENTH AVENUE NORTH TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOUGH, PATRICIA K 5801 N. PLESS ROAD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1D ALES, CHRISTINE 317 E. LAKE CLUB DRIVE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2D TAYLOR, CONNIE 316 N. JOHN YOUNG PARKWAY KISSIMMEE, FL 34746

U000000021106
01/29/04-80093-022 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: CHARLENE BOWMAN, TREASURER
Charlene Bowman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/04 727 8238388
Date Daytime Phone #