


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90038 019 ****61.25

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # N42544 1. Entity 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 Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 4. FEI Number 65-0294775 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 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 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE T NAME BOWMAN, CHARLENE F STREET ADDRESS 141 NW MADISON CIRCLE NORTH CITY-ST-ZIP ST. PETERSBURG, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE P NAME CAVENDER, NANCY STREET ADDRESS 3310 ROOSEVELT ST CITY-ST-ZIP HOLLYWOOD, FL 33021 | <input checked="" type="checkbox"/> Delete | | TITLE P NAME Kim Johnson STREET ADDRESS 7702 Lake Cypress Dr. CITY-ST-ZIP Odessa, FL 33556 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE VP NAME VANDUSEN, KARLA S STREET ADDRESS 332 SEVENTH AVENUE NORTH CITY-ST-ZIP TIERRA VERDE, FL 33715 | <input checked="" type="checkbox"/> Delete | | TITLE VP NAME Ralph Mills STREET ADDRESS 509 N. Morgan Street CITY-ST-ZIP Tampa, FL 33672 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE S NAME GOUGH, PATRICIA K STREET ADDRESS 5801 N. PLESS ROAD CITY-ST-ZIP PLANT CITY, FL 33565 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE 1D NAME ALES, CHRISTINE STREET ADDRESS 317 E. LAKE CLUB DRIVE CITY-ST-ZIP OLDSMAR, FL 34677 | <input checked="" type="checkbox"/> Delete | | TITLE 1D NAME Mary Cook STREET ADDRESS 675 Avenida De Mayo CITY-ST-ZIP Sarasota, FL 34242 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE 2D NAME TAYLOR, CONNIE STREET ADDRESS 316 N. JOHN YOUNG PARKWAY CITY-ST-ZIP KISSIMMEE, FL 34746 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. 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 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: <u>Charlene Bowman, Treasurer</u> 2/11/05 727-522-3975 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |