
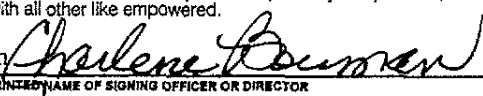


**2006-NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 11, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N42544</b>		
1. Entity Name <b>FLORIDA ASSOCIATION OF VERBATIM REPORTERS, INCORPORATED</b>		
Principal Place of Business PO BOX 76345 ST. PETE, FL 33734 US		Mailing Address PO BOX 76345 ST. PETERSBURG, FL 33734 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  HUFFMAN, PEGGY 4124 REDCOAT DR ZEPHYRHILLS, FL 33543		<b>DO NOT WRITE IN THIS SPACE</b>
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 reinstating) DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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 JOHNSON, KIM 7702 LAKE CYPRESS DR ODESSA, FL 33556	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLS, RALPH 509 N MORGAN STREET TAMPA, FL 33672	
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 COOK, MARY 675 AVENIDA DE MAYO SARASOTA, FL 34242	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2D TAYLOR, CONNIE 316 N. JOHN YOUNG PARKWAY KISSIMMEE, FL 34746	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 		1/6/06 727-823-8388
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01062006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
65-0294775

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

000000382773  
01/12/06-80026-014 61.25

**DO NOT WRITE  
IN THIS SPACE**