2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# N42544

Entity Name: FLORIDA ASSOCIATION OF VERBATIM REPORTERS, INCORPORATED

Current Principal Place of Business:

PO BOX 76345
ST. PETE, FL 33734 US

New Principal Place of Business:

141 NW MADISON CIRCLE NORTH
ST. PETE, FL 33702 US

Current Mailing Address:

PO BOX 76345
ST. PETERSBURG, FL 33734 US

New Mailing Address:

141 NW MADISON CIRCLE NORTH
ST. PETERSBURG, FL 33702 US

FEI Number: 65-0294775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUFFMAN, PEGGY
4124 REDCOAT DR
ZEPHYRHILLS, FL 33543 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	BOWMAN, CHARLENE F	
Address:	141 NW MADISON CIRCLE NORTH	
City-St-Zip:	ST. PETERSBURG, FL	
Title:	P	( ) Delete
Name:	JOHNSON, KIM	
Address:	7702 LAKE CYPRESS DR	
City-St-Zip:	ODESSA, FL 33556	
Title:	VP	( ) Delete
Name:	MILLS, RALPH	
Address:	509 N MORGAN STREET	
City-St-Zip:	TAMPA, FL 33672	
Title:	S	( ) Delete
Name:	GOUGH, PATRICIA K	
Address:	5801 N. PLESS ROAD	
City-St-Zip:	PLANT CITY, FL 33565	
Title:	1D	( ) Delete
Name:	COOK, MARY	
Address:	675 AVENIDA DE MAYO	
City-St-Zip:	SARASOTA, FL 34242	
Title:	2D	(X) Delete
Name:	TAYLOR, CONNIE	
Address:	316 N. JOHN YOUNG PARKWAY	
City-St-Zip:	KISSIMMEE, FL 34746	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE BOWMAN T 01/05/2007
Electronic Signature of Signing Officer or Director — Date