

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43849

FILED
Apr 24, 2006
Secretary of State

Entity Name: FLORIDA TELECOMMUNICATIONS RELAY, INC.

Current Principal Place of Business:

1820 E. PARK AVENUE
SUITE 101
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

1820 E. PARK AVENUE
SUITE 101
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-3073646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORSTALL, JAMES G.
1820 E. PARK AVENUE
SUITE 101
TALLAHASSEE, FL 32301 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: D () Delete
Name: WATTS, DEMETRIA
Address: 106 E COLLEGE AVE SUITE 810
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD () Delete
Name: GREER, STAN
Address: 150 S. MONROE ST., SUITE 400
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD () Delete
Name: SCHNITZER, NANCY
Address: 1313 BLAIRSTONE RD-2ND FLOOR
City-St-Zip: TALLAHASSEE, FL 32316

Title: PD () Delete
Name: SHELFER, ANN
Address: 1311 EXECUTIVE CENTER DR., SUITE 220
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: BRADLEY, CECIL
Address: 2002-A OLD ST AUGUSTINE ROAD
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: MCCABE, TOM
Address: 107 WEST FRANKLIN STREET
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: GREER, STAN
Address: 150 S. MONROE ST., SUITE 400
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: D (X) Change () Addition
Name: GRIFFIS, MICHAEL
Address: 130 NORTH 4TH STREET
City-St-Zip: MACCLENNY, FL 32063

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

Title: VD (X) Change () Addition
Name: MCCABE, TOM
Address: 107 WEST FRANKLIN STREET
City-St-Zip: QUINCY, FL 32351

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: NANCY SCHNITZER

TD

04/24/2006

Electronic Signature of Signing Officer or Director

Date