2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N44931

Entity Name: FLORIDA RECORDS MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 7854
ST. PETERSBURG, FL 33734

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 7854
ST. PETERSBURG, FL 33734

New Mailing Address:

FEI Number: 59-3111680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COLE, JUDITH A
1527 5TH ST. N.
A-2
ST. PETERSBURG, FL 33734 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:	P	( ) Delete
Name:	MIXON, JO ANN	
Address:	501 BAY ISLES ROAD	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	VP	( ) Delete
Name:	SORENSEN, JARED	
Address:	312 W. MAIN ST.	
City-St-Zip:	TAVVERES, FL 32778	
Title:	T	( ) Delete
Name:	COLE, JUDITH A	
Address:	1527 5TH ST. N., A-2	
City-St-Zip:	ST. PETERSBURG, FL 33704	
Title:	ED	( ) Delete
Name:	INGRAM, KIMBERLY	
Address:	14155 49TH ST. N.	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	ED	( ) Delete
Name:	MATTHEWS, ARCHIE	
Address:	P. O. BOX 600	
City-St-Zip:	GAINESVILLE, FL 32602	
Title:	ED	( ) Delete
Name:	JONES, JULIA	
Address:	300 S. ADAMS ST.	
City-St-Zip:	TALLAHASSEE, FL 32301	

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: JUDITH A. COLE MS. 05/01/2006

Electronic Signature of Signing Officer or Director — Date