

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002309 (1)**

1. Corporation Name

NATIONAL COMMUNICATIONS OFFICERS ASSOCIATION, IN C.



Principal Place of Business: 3528 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169
Mailing Address: 3528 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169

3. Date Incorporated or Qualified: 05/12/1995
3a. Date of Last Report

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3314915	Not Applicable
22	23	27	28	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	
24	25	29	30	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip Country		Zip Country		<input type="checkbox"/>	
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROUGHMAN, GARY H
3528 S ATLANTIC AVE
NEW SMYRNA BEACH FL 32169

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D Virginia Smelser <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROUGHMAN, GARY H	1.2 NAME	801 BROAD ST.
STREET ADDRESS	3528 S ATLANTIC AVE	1.3 STREET ADDRESS	BRISTOL TN 37620
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, S. ROBERT	2.2 NAME	CAROL CORBETT
STREET ADDRESS	12 TARLTON CIR	2.3 STREET ADDRESS	415 CUMBERLAND ST.
CITY-ST-ZIP	MANTUA NJ 08257	2.4 CITY-ST-ZIP	BRISTOL VA 24201
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	AIKENS, BETTY	3.2 NAME	
STREET ADDRESS	12680 HWY 11 W SUITE 4	3.3 STREET ADDRESS	
CITY-ST-ZIP	LENOIR CITY TN 37771	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	REED, ETHEL	4.2 NAME	
STREET ADDRESS	400 SIMPSON RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34733	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary H. Broughman GARY H. BROUGHMAN 4-29-96 904-424-1886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)