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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003324

1. Corporation Name

**FLORIDA INTERNET SERVICE PROVIDERS ASSOCIATION,
INC.**

Principal Place of Business

1045 E. ATLANTIC AVENUE
SUITE 206
DELRAY BEACH FL 33483

Mailing Address

1045 E. ATLANTIC AVENUE
SUITE 206
DELRAY BEACH FL 33483



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

06/06/1996

4. FEI Number

59-3379948

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

MARION, JOE
1045 E. ATLANTIC AVENUE
SUITE 206
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME TD
STREET ADDRESS RUSSELL, JERRY
CITY-ST-ZIP 1121 SOUTH US 1
ROCKLEDGE FL 32955

TITLE ☐ DELETE
NAME PD
STREET ADDRESS MARCHANT, JIM
CITY-ST-ZIP 14119 WEST NEWBERRY ROAD
NEWBERRY FL 32669-2709

TITLE ☒ DELETE
NAME SD
STREET ADDRESS MITCHELL, BARBARA
CITY-ST-ZIP 1100 CLEVELAND STREET, #900-P
CLEARWATER FL 33755

TITLE ☒ DELETE
NAME VPD
STREET ADDRESS TERRY, CHRIS
CITY-ST-ZIP 1800 OLD OKEECHOBEE ROAD, #103
WEST PALM BEACH FL 33409

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME VPID
1.3 STREET ADDRESS Gregory Neely
1.4 CITY-ST-ZIP 11 N. Ocean St.
Jacksonville, FL 32202

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME SID
2.3 STREET ADDRESS Sean Fleeman
2.4 CITY-ST-ZIP 7143 State Road 54 #119
New Port Richey, FL 34653

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME TID
3.3 STREET ADDRESS Paul Holzmann
3.4 CITY-ST-ZIP 422 Petis Ave.
Ada, MI 49301

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99 727-843-0093
Date Daytime Phone #

CR2E037 (11/98)