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

0720589

DOCUMENT # 754666 (6)

1. Corporation Name

FLORIDA COUNCIL OF BAR ASSOCIATION PRESIDENTS, I NC.

Principal Place of Business	Mailing Address
% JOHN F. HARKNESS. JR. 650 APALACHEE PARKWAY TALLAHASSEE FL 32399-9300	% JOHN F. HARKNESS. JR. 650 APALACHEE PARKWAY TALLAHASSEE FL 32399-9300

3. Date Incorporated or Qualified: 10/16/1980
3a. Date of Last Report: 01/25/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2144713 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HARKNESS, JOHN F., JR.
650 APALACHEE PARKWAY
TALLAHASSEE FL 32399-2300

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 _____ DATE 1.22.96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pre ALLEY, NANCY, (Pres-elect) 1009 HWY 436 ALTAMONTE SPRINGS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Douglas Beam (Treasurer) P.O. Box 640 Melbourne 32902-0640	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) HELINGER, JACK 150 2ND AVE. N., SUITE 1210 ST. PETERSBURG FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secretary Harold "Buddy" Hunee 1715 Monroe St Ft Myers 33902	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) ~~SILBERMAN, MORRIS~~ ~~133 N. FT. HARRISON AVE~~ ~~CLEARWATER FL~~	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	(D) Linda Stalvey 3315 Rutland Loop Tall Fla 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPE FREEMAN, THOMAS, (President) 1009 E. HWY. 436 ALTAMONTE SPRINGS FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	(D) Preston Fields PO Box 1888 Palatka 32178-1888	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Pre~~ (D) WINTERS, ELISE 600 CLEVELAND ST., SUITE 940 CLEARWATER FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	(D) Donna Surratt-McIntosh 200 W. First St, Ste 22 Sanford 32772-4848	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) Charles Heim 2040 Hwy A1A Ste 201 Satellite Bch 32937-3566	☐ ~~DELETE~~ Add	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	(D) Warren Lindsey 1150 Louisiana Ave Ste 1 Winter Park 32789-2354	☐ Change ☒ Addition

CR2E037 (12/95)

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: Tom Freeman 1-22-96 904 561-5764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #