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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32399-6574

3. Date Incorporated or Qualified: 10/16/1980
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 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: JULIE STAFFORD
82 Street Address (P.O. Box Number is Not Acceptable): 650 Apalachee Parkway
83 City: Tallahassee
84 City: FL 85 Zip Code: 32399-2300

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] 1-14-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P D	☐ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	ALLEY, NANCY		1.2 NAME	DOUG BEAN → 25 W. New Haven Ave. Ste. C	
STREET ADDRESS	1009 HWY 436		1.3 STREET ADDRESS	PO Box 640	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	Melbourne FL 32902-0640	
TITLE	D	☒ DELETE	2.1 TITLE	Prez-elect	☐ Change ☒ Addition
NAME	HELINGER, JACK		2.2 NAME	Harold "Buddy" Hume	
STREET ADDRESS	150 2ND AVE. N., SUITE 1210		2.3 STREET ADDRESS	PO Box 280 — 1715 Monroe St.	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	Ft Myers FL 33902	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	STALVEY, LINDA		3.2 NAME	Ivan Starr	
STREET ADDRESS	3315 RUTLAND LOOP		3.3 STREET ADDRESS	350 Lincoln Rd Ste 407	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	Miami FL 33139	
TITLE	P D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	FREEMAN, THOMAS		4.2 NAME	Warren Lindsey	
STREET ADDRESS	1009 E. HWY. 436		4.3 STREET ADDRESS	1150 Louisiana Ave Ste 1	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		4.4 CITY-ST-ZIP	Winter Park FL 32789	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	WINTERS, ELISE		5.2 NAME	Bob Pritt	
STREET ADDRESS	600 CLEVELAND ST., SUITE 940		5.3 STREET ADDRESS	800 Dunlop Rd	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	Sanibel FL 33957	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	HEIM, CHARLES		6.2 NAME	Donna Surratt-McIntosh	
STREET ADDRESS	2040 HWY A1A STE 201		6.3 STREET ADDRESS	PO Box 4848 — 200 W. 1st St., Ste 22	
CITY-ST-ZIP	SATELLITE BCH FL		6.4 CITY-ST-ZIP	Sanford FL 32772-4848	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Doug Bean REQUIRED 1-14-97 407-723-1591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #