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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2144713

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAFFORD, JULIE
650 APALACHEE PARKWAY
TALLAHASSEE FL 32399-2300

81 Name

PAT STEPHENS

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

650 APALACHEE PARKWAY

83

84 City

TALLAHASSEE

FL

85 Zip Code

32399

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D BEAM, DOUG**
STREET ADDRESS **PO BOX 640 25 W NEW HAVEN AVE STE C**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PE HUME, HAROLD "BUDDY"**
STREET ADDRESS **PO BOX 280 1715 MUNROE ST**
CITY-ST-ZIP **FT MYERS FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D STARR, IVA**
STREET ADDRESS **350 LINCOLN RD STE 407**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D WARREN, LINDSEY**
STREET ADDRESS **1150 LOUISIANA AVE STE 1**
CITY-ST-ZIP **WINTER PARK FL**

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

TITLE ☐ DELETE
NAME **D PRITT, BOB**
STREET ADDRESS **800 DUNLOP RD**
CITY-ST-ZIP **SAUIBEL FL**

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

TITLE ☐ DELETE
NAME **D SURRAH-MCINTOSH, DONNA**
STREET ADDRESS **PO BOX X4848 200 W 1ST ST, STE 22**
CITY-ST-ZIP **SAUIBEL FL**

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

Surratt-McIntosh, Donna
PO Box 4848 200 W 1st St., Ste 22
Sanford, FL

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.

SIGNATURE

Donna Surratt-McIntosh

CR2E037 (10/97)