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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 754666

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/16/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2144713 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

STEPHENS, PAT
650 APALACHEE PARKWAY
TALLAHASSEE FL 32399

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
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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BEAM, DOUG		1.2 NAME		
STREET ADDRESS	PO BOX 640 25 W NEW HAVEN AVE STE C		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	PE	☐ DELETE	2.1 TITLE	P	☑ Change ☐ Addition
NAME	HUME, HAROLD "BUDDY"		2.2 NAME		
STREET ADDRESS	PO BOX 280 1715 MUNROE ST		2.3 STREET ADDRESS	1715 MONROE ST.	
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE	T	☐ Change ☑ Addition
NAME	STARR, IVA		3.2 NAME	JEFFREY D. KOTTKAMP	
STREET ADDRESS	350 LINCOLN RD STE 407		3.3 STREET ADDRESS	1715 MONROE ST.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	FT. MYERS, FL 33902	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WARREN, LINDSEY		4. 2 NAME		
STREET ADDRESS	1150 LOUISIANA AVE STE 1		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	PRITT, BOB		5.2 NAME		
STREET ADDRESS	800 DUNLOP RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	SAUIBEL FL		5.4 CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	D	☐ DELETE	6.1 TITLE	V	☑ Change ☐ Addition
NAME	SURRATT-MCINTOSH, DONNA		6.2 NAME		
STREET ADDRESS	200 W 1STT ST, STE 22, PO BOX 4848		6.3 STREET ADDRESS	200 W. 1ST ST. SUITE 22	
CITY-ST-ZIP	SANFORD FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED 2/16/99 941-334-4121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #