

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 27 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 # 769474 (8)
1. Corporation Name
FLORIDA GOVERNMENT BAR ASSOCIATION, INC.



Principal Place of Business P.O. BOX 10474 TALLAHASSEE FL 32302-2474	Mailing Address P.O. BOX 10474 TALLAHASSEE FL 32302-2474
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3. Date Incorporated or Qualified 07/20/1983	Applied For Not Applicable
4. FEI Number 59-2887589	

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FORRESTER, JULIA
1701 BELVEDERE
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORRESTER, JULIA		1.2 NAME	
STREET ADDRESS 1701 BELVEDERE		1.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLLETTE, CHARLES T		2.2 NAME	
STREET ADDRESS 108 WINN CAY WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32312		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME QUIMBY-PENNOCK, LYNNE A		3.2 NAME	
STREET ADDRESS 1771 MARSTON PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32312		3.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NELSON, LI S		4.2 NAME	
STREET ADDRESS 3276 N. SHANNON LAKES		4.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32308		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIS, ELIZABETH W		5.2 NAME	
STREET ADDRESS 3161 BLAIRSTONE CT.		5.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32301		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Julia P. Forrester* 2/18/98 (850) 922-4539

CP2E037 (10/97)