

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90018 037 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 769474**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/20/1983

4. FEI Number

59-2887589

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Collette, Charles T.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**108 Winn Cay Way**  
 83  
 84 City **Tallahassee** FL 85 Zip Code **32312**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/17/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FORRESTER, JULIA	
STREET ADDRESS	1701 BELVEDERE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	COLLETTE, CHARLES T	
STREET ADDRESS	108 WINN CAY WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	QUIMBY-PENNOCK, LYNNE A	
STREET ADDRESS	1771 MARSTON PLACE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, LI S	
STREET ADDRESS	3276 N. SHANNON LAKES	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIS, ELIZABETH W	
STREET ADDRESS	3161 BLAIRSTONE CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Charles T. Collette	
1.3 STREET ADDRESS	108 Winn Cay Way	
1.4 CITY-ST-ZIP	Tallahassee FL 32312	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Quimby-Pennock, Lynne A	
2.3 STREET ADDRESS	1771 Marston Place	
2.4 CITY-ST-ZIP	Tallahassee, FL 32312	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nelson, Lisa S.	
3.3 STREET ADDRESS	3276 N. Shannon Lakes	
3.4 CITY-ST-ZIP	Tallahassee, FL 32308	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carter, Jerry F.	
4.3 STREET ADDRESS	Pepper Building	
4.4 CITY-ST-ZIP	Tallahassee FL 32302	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Forrester, Julia	
5.3 STREET ADDRESS	1701 Belvedere	
5.4 CITY-ST-ZIP	Tallahassee FL 32308	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lynne A. Quimby-Pennock*  
 Lynne A. Quimby-Pennock

5/17/99

487-9651

Daytime Phone #

CR2E037 (11/98)