

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-25-2005 90002 002 \*\*\*\*61.25

**DOCUMENT # 769474**  
 1. Entity Name  
**FLORIDA GOVERNMENT BAR ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 P.O. BOX 10474 P.O. BOX 10474  
 TALLAHASSEE FL 32302-2474 TALLAHASSEE FL 32302-2474

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2887589** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SHAW, CHERRY A**  
**301 S. MAURCE ST., STE 202**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name **Ellen M Simon**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4052 Bald Cypress Way, BIN # C-65**  
 City **Tallahassee** FL Zip Code **32399-3265**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE *[Signature]* DATE **4-22-05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHAW, CHERRY A</b> <b>301 S. MONROE ST., STE 202</b> <b>TALLAHASSEE FL 32301-1861</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GUSTAFSON, LEE ANN</b> <b>107 WEST GAIENS ST., STE 466</b> <b>TALLAHASSEE FL 32309-1050</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>COLLETTE, CHARLES A</b> <b>POST OFFICE BOX 10161</b> <b>TALLAHASSEE FL 32302-2161</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>STUBBS, JOY</b> <b>107 WEST GAINES ST., STE 466</b> <b>TALLAHASSEE FL 32399-1050</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TE</b> <b>DENNIS, TIMOTHY</b> <b>2555 SHUMARD OAK BLVD.</b> <b>TALLAHASSEE FL 32399-7018</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, MOSES E</b> <b>2355 FUXBORO WAY</b> <b>TALLAHASSEE FL 32309-3058</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ellen M Simon - President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4052 Bald Cypress Way</b> <b>BIN # C-65</b> <b>Tallahassee, Florida 32399-3265</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Moses Williams - V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2355 Fuxboro Way</b> <b>Tallahassee, FL 32309-3058</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Charles A Collette</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Post Office Box 1061</b> <b>Tallahassee, FL 32302-2161</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Joy Stubbs</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>107 West Gaines St. Ste 466</b> <b>Tallahassee, FL 32399-1050</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Nicholas Bykowski</b> <b>107 West Gaines St, Ste 301M</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Elizabeth Willis</b> <b>3160 Blairstone Court</b> <b>Tallahassee, Florida 32301</b>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* DATE **4-22-05** DAYTIME PHONE # **850-414-8126**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #