FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:15

DOCUMENT # N17809 (7)

1. Corporation Name
FLORIDA COUNTIES FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
315 S. CALHOUN STREET SUITE 800 TALLAHASSEE FL 32301	315 S. CALHOUN STREET SUITE 800 TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: **11/17/1986**
3a. Date of Last Report: **04/18/1994**
4. FEI Number: **59-2780417** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 **102 South Monroe Street**	26 **Post Office Box 549**
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 **Tallahassee, Florida**	28 **Tallahassee, Florida**
24 Zip **32301** 25 Country **Leon**	29 Zip **32302** 30 Country **Leon**

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. *Nonprofit with IRS 501(c)(3)* Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROBERTS, WILLIAM J.
%ROBERTS, EGAN & ROUTA, P.A.
217 SOUTH ADAMS STREET
TALLAHASSEE FL 32302

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, C B	12 NAME	
STREET ADDRESS	220 E BAY ST,10TH FL	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	DC	21 TITLE	☐ Change ☐ Addition
NAME	BROWN, LEVEDA	22 NAME	
STREET ADDRESS	21 E. UNIVERSITY AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	YOUNG, MARLENE	32 NAME	
STREET ADDRESS	330 W CHURCH ST	33 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Vivian Zaricki **Vivian Zaricki** 2-24-95 **(904) 224-3148**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000147