

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N17809** (7)

1. Corporation Name

FLORIDA COUNTIES FOUNDATION, INC.

Principal Place of Business

Mailing Address

**102 SOUTH MONROE STREET
TALLAHASSEE FL 32301
US**

**P O BOX 548
TALLAHASSEE FL 32302-0549
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1986	3a. Date of Last Report 02/08/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2780417	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

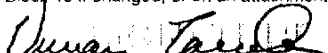
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	SECRETARY / TREASURER ☐ Change ☒ Addition
NAME	GRIFFIN, C B	1.2 NAME	John Manning
STREET ADDRESS	220 E BAY ST, 10TH FL	1.3 STREET ADDRESS	Post Office Box 398 / 2120 Main Street
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	Ft. Myers, FL 33902 33101
TITLE	DC CHAIR ☐ DELETE	2.1 TITLE	VICE CHAIR ☐ Change ☒ Addition
NAME	BROWN, LEVEDA	2.2 NAME	Edward Dixon
STREET ADDRESS	21 E. UNIVERSITY AVE.	2.3 STREET ADDRESS	Post Office Box 1799 / 16 S. Madison St.
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP	Quincy, FL 32343 32353 - 1799
TITLE	D ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, MARLENE	3.2 NAME	
STREET ADDRESS	330 W CHURCH ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL	3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:  **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/97
Date

Daytime Phone # 0008013

CR2E037 (9/96)