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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 549 TALLAHASSEE FL 32302-0549 US

3. Date Incorporated or Qualified: **11/17/1986**
3a. Date of Last Report: **02/08/1996**

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

4. FEI Number: **59-2780417** ☐ 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

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

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 / 33901	
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		

CR2E037 (9/96)

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: [signature] REQUIRED — 2/19/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0008013