FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N17809

1. Corporation Name

City & State

23

24

Zip

FLORIDA COUNTIES FOUNDATION, INC.

Country

9. Name and Address of Current Registered Agent

25

BARNETT BANK BLDG, SUIE 800

315 SOUTH CALHOUN STREET TALLAHASSEE FL 32301

%ROBERTS, EGAN & ROUTA, P.A.

Principal Place of Business	Mailing Address
102 South Monroe Street Tallahassee FL 32301 US	P O BOX 549 Tallahassee FL 32302 US
2. Principal Place of Business	2a. Mailing Address
21	26
Suite Ant # etc	Suite, Apt. #, etc.

27

28

29

Zip

City & State

3. Date Incorporated or Qualifed 11/17/1986

> 30 Added to Fees Trust Fund Contribution 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 85 Zip Code City

4. FEI Number

59-2780417

5. Certificate of Status Desired

6. Election Campaign Financing

FILED

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90209 043 ****61.25

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FI 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.

Country

SIGNATURE	Stanature, typed or printed name of registered agent and title if applications	able. (NOTE: Re	gistered Agent signature requ	uired when reinstatin	·g)		DATE			
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	DST	DELETE	1.1 TITLE		ADAMC	DC		Change	X Modition	
NAME	MANNING, JOHN		1.2 NAME		ADAMS	-				
STREET ADDRESS	T A TAY SONIE OF LAND OF		1.3 STREET ADDRESS	1840	25th S'					
CITY-ST-ZIP	FT MYERS FL		1.4 CITY+ST-ZIP	VERO	BEACH,	FL 32	960			
TITLE	DC	Ď DELETE	2.1 TITLE					☐ Change	☐ Addition	
NAME	BROWN, LEVEDA		2.2 NAME							
STREET ADDRESS			2.3 STREET ADDRESS			=				
CITY-ST-ZIP	GAINESVILLE FL		2. 4 CITY-ST-ZIP							
TITLE	DVC	☐ DELETE	3.1 TITLE					☐ Change	☐ Addition	
NAME	DIXON, EDWARD		3.2 NAME							
STREET ADDRESS	P O BOX 1799/16 S MADISON ST		3.3 STREET ADDRESS							
CITY-ST-ZIP	QUINCY FL	:	3.4. CITY-ST-ZIP							
TITLE	WAS THE PARTY OF T	☐ 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		<u> </u>			☐ Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS	}		6.3 STREET ADDRESS		-					
OWER LEDDINGS			0 4 000 CT 7ID							

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:



(561) 567-8000 x490

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable