2002 UNIFORM BUSINESS REPORT (UBR)

Mar 18, 2002 8:00 am Secretary of State **DOCUMENT # N17809** 1. Entity Name 03-18-2002 90043 031 ****61.25 FLORIDA COUNTIES FOUNDATION, INC. Mailing Address Principal Place of Business P O BOX 549 100 SOUTH MONROE STREET TALLAHASSEE FL 32301 TALLAHASSEE FL 32302 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2780417 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) FLORIDA ASSOCIATION OF COUNTIES 100 S MONROE STREET TALLAHASSEE FL 32301 Zip Code City FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/04) ☐ Addition ☐ Change ☐ Delete TITLE TITLE DVC NAME NAME TAYLOR, JANET **CR2E037** STREET ADDRESS STREET ADDRESS |P O BOX 1760/25 E HICKPOCHEE AVE CITY-ST-ZIP CITY-ST-ZIP ABELLE FL 33935-1760 ☐ Change Addition Delete TITLE TITLE DC NAME NAME adams, Fran STREET ADDRESS STREET ADDRESS **1840 25TH STREET** CITY-ST-ZIF CITY-ST-ZIP VERO BEACH FL 32960 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME DEW, BERNARD STREET ADDRESS STREET ADDRESS 209 NORTH FLORIDA STREET CITY-ST-ZIP CITY-ST-ZIP **BUSHNELL FL 33513** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

Fran Adams

Dayt me Phone #

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: