

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17809

FILED  
Apr 10, 2005  
Secretary of State

**Entity Name:** FLORIDA COUNTIES FOUNDATION, INC.

**Current Principal Place of Business:**

100 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 549  
TALLAHASSEE, FL 32302 US

**New Mailing Address:**

**FEI Number:** 59-2780417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DELEGAL, VIRGINIA S  
100 S MONROE STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DVC ( ) Delete  
Name: TAYLOR, JANET  
Address: P.O. BOX 764  
City-St-Zip: CLEWISTON, FL 33440

Title: DC ( ) Delete  
Name: HARRIS, CALVIN  
Address: 315 COURT STREET  
City-St-Zip: CLEARWATER, FL 34616

Title: DST ( ) Delete  
Name: DEW, BERNARD  
Address: 209 NORTH FLORIDA STREET  
City-St-Zip: BUSHNELL, FL 33513

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN HARRIS

DC

04/10/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date