

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17809

FILED
Mar 28, 2008
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: VC () Delete
Name: TAYLOR, JANET
Address: P.O. BOX 764
City-St-Zip: CLEWISTON, FL 33440

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

Title: S/T () Delete
Name: ALEXANDER, JOIE
Address: 123 WEST INDIANA AVENUE
City-St-Zip: DELAND, FL 32720

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 exemption stated in Chapter 119, 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

C

03/28/2008

Electronic Signature of Signing Officer or Director

Date