2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17809

1. Entity Name

FLORIDA COUNTIES FOUNDATION, INC.



FILED

Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90110 025 ****61 25

Mailing Address Principal Place of Business 100 SOUTH MONROE STREET P O BOX 549 TALLAHASSEE FL 32301 TALLAHASSEE FL 32302 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-2780417 City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent والمنابع والمنطق والمنطق والمنطق والمنافرة والمنافرة FLORIDA ASSOCIATION OF COUNTIES Street Address (P.O. Box Number is Not Acceptable) 100 S MONROE STREET TALLAHASSEE FL 32301 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DVC DVC ☐ Addition TITLE ☐ Delete TITLE **K**1 Change NAME TAYLOR, JANET NAME TAYLOR, JANET P O BOX 1760/25 E HICKPOCHEE AVE STREET ADDRESS STREET ADDRESS P O BOX 764 CITY-ST-7IP LABELLE FL 33935-1760 CITY-ST-ZIP CLEWISTON FL 33440 Delete Change ☐ Addition TITLE TITLE DC adams, Fran NAME NAME HARRIS, CALVIN **1840 25TH STREET** STREET ADDRESS STREET ADDRESS 315 COURT STREET CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP CLEARWATER FL. 34616 DST TITLE ~ Delete : TITLE. DEW, BERNARD NAME NAME 209 NORTH FLORIDA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BUSHNELL FL 33513** CITY-ST-ZIP ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE: