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FILED
Mar 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36369

1. Corporation Name

GOVERNOR'S COUNCIL FOR SUSTAINABLE FLORIDA, INC.

Principal Place of Business	Mailing Address
2555 SHUMARD OAK ~~ROOM 100~~ TALLAHASSEE FL 32399-2100 US	P.O. BOX 10688 TALLAHASSEE FL 32302 US

2. Principal Place of Business 21	2a. Mailing Address 28 c/o Dept. of Community Affairs 2555 Shumard Oak	3. Date Incorporated or Qualified 01/30/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Room 344A	4. FEI Number 59-2989880 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCOTT, RACHEL 1401 SE MONTEREY RD. STUART FL 34994	81 Name: Jeremy A. Craft 82 Street Address (P.O. Box Number is Not Acceptable): 1211 Springhaven Rd 83 84 City: Tallahassee FL 85 Zip Code: 32311

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.

SIGNATURE: Jeremy A. Craft — DATE: 1/21/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	D	President ☐ Change ☑ Addition
NAME	SCOTT, RACHEL		1.2 NAME		Julius Hobbs
STREET ADDRESS	1401 SE MONTEREY RD		1.3 STREET ADDRESS		702 N. Franklin Street
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP		Tampa, FL 33601
TITLE	T	☐ DELETE	2.1 TITLE	D	Vice President ☐ Change ☑ Addition
NAME	COOKE, MICHAEL G		2.2 NAME		Phil Simpson
STREET ADDRESS	777 S. HARBOUR ISLAND BLVD.		2.3 STREET ADDRESS		3701 Northwest 98th Street
CITY-ST-ZIP	TAMPA FL 33602		2.4 CITY-ST-ZIP		Gainesville FL 32606
TITLE	VP	☑ DELETE	3.1 TITLE	D	2 Vice President ☐ Change ☑ Addition
NAME	KUMPE, MARY		3.2 NAME		Robert L. Bendick
STREET ADDRESS	1564 BAY POINTE DRIVE		3.3 STREET ADDRESS		222 S. Westmonte Dr, Ste. 300
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		Altamonte Springs, FL 32714
TITLE	2VP	☑ DELETE	4.1 TITLE	D	Asst. Treasurer ☐ Change ☑ Addition
NAME	MOORE, ANALEE		4.2 NAME		Donald H. Ross
STREET ADDRESS	220 E. MADISON ST.		4.3 STREET ADDRESS		18505 Paulson Dr., Bldg B
CITY-ST-ZIP	TAMPA FL 33602		4.4 CITY-ST-ZIP		Port Charlotte, FL 33954
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CRAFT, JEREMY		5.2 NAME		
STREET ADDRESS	1211 SPRINGHAVEN RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32311		5.4 CITY-ST-ZIP		
TITLE	AT	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCKAY, PATTI		6.2 NAME		
STREET ADDRESS	926 E. PARK AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Jeremy A. Craft SIGNATURE REQUIRED — 1/21/99 Date — 942-0920 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR