

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001027 (1)

1. Corporation Name

FLORIDA CITY AND COUNTY MANAGEMENT FOUNDATION, I
NC.



Principal Place of Business

Mailing Address

201 W. PARK AVE.
TALLAHASSEE FL 32302

P.O. BOX 1757
TALLAHASSEE FL 32302

3. Date Incorporated or Qualified

03/02/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3233397

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SITTIG, MICHAEL
201 W. PARK AVE.
TALLAHASSEE FL 32302

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE P
NAME REID, RANDALL
STREET ADDRESS P.O. BOX 3175 N/A
CITY-STATE-ZIP STUART FL 34995 ☐ DELETE

1.1 TITLE PP
1.2 NAME Reid, RANDALL ☒ Change ☐ Addition
1.3 STREET ADDRESS P.O. Box 3175 N/A
1.4 CITY-STATE-ZIP Stuart, FL 34995

TITLE PE
NAME FARBER, DAVID
STREET ADDRESS 5985 10TH AVE N
CITY-STATE-ZIP GREENACRES FL 33463 ☐ DELETE

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME FARBER, DAVID
2.3 STREET ADDRESS 1050 Royal Palm Beach Blvd.
2.4 CITY-STATE-ZIP Royal Palm Beach, FL 33411

TITLE ST
NAME FAVORS, ANITA
STREET ADDRESS 300 S. ADAMS, FOURTH FLOOR
CITY-STATE-ZIP TALLAHASSEE FL 32301 ☐ DELETE

3.1 TITLE PE ☐ Change ☐ Addition
3.2 NAME FAVORS, ANITA
3.3 STREET ADDRESS 300 S. Adams, Fourth Floor
3.4 CITY-STATE-ZIP Tallahassee, FL 32301

TITLE D
NAME ROBERTS, FRANK
STREET ADDRESS 210 SAMS AVE
CITY-STATE-ZIP NEW SMYRNA BEACH FL 32168 ☐ DELETE

4.1 TITLE ST ☒ Change ☐ Addition
4.2 NAME Roberts, FRANK
4.3 STREET ADDRESS 210 SAMS AVE
4.4 CITY-STATE-ZIP New Smyrna Beach, FL 32168

TITLE D
NAME FERRIS, RONALD
STREET ADDRESS 500 GREYNOLDS CIRCLE
CITY-STATE-ZIP LANTANA FL 33462 ☐ DELETE

5.1 TITLE D ☐ Change ☐ Addition
5.2 NAME FERRIS, RONALD
5.3 STREET ADDRESS 500 Greynolds Circle
5.4 CITY-STATE-ZIP LANTANA, FL 33462

TITLE D
NAME LASALA, ROBERT
STREET ADDRESS 101 S. WASHINGTON BLVD, STE 901
CITY-STATE-ZIP SARASOTA FL 34236 ☐ DELETE

6.1 TITLE D ☐ Change ☐ Addition
6.2 NAME LASALA, Robert
6.3 STREET ADDRESS 101 S. Washington Blvd, STE-901
6.4 CITY-STATE-ZIP SARASOTA, FL 34236

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Anita Favors Anita Favors

1/26/96

(904) 891-8576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)