

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000001027 (1)**

1. Corporation Name

FLORIDA CITY AND COUNTY MANAGEMENT FOUNDATION, INC.



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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number **59-3233397** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$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** DELETE
NAME **REID, RANDALL**
STREET ADDRESS **P.O. BOX 3175 N/A**
CITY-ST-ZIP **STUART FL 34995**

1.1 TITLE **PP** Change Addition
1.2 NAME **Reid, RANDALL**
1.3 STREET ADDRESS **P.O. Box 3175 N/A**
1.4 CITY-ST-ZIP **STUART, FL 34995**

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

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

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

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

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

4.1 TITLE **ST** Change Addition
4.2 NAME **Roberts, FRANK**
4.3 STREET ADDRESS **210 SAMS AVE**
4.4 CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

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

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

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

6.1 TITLE **D** Change Addition
6.2 NAME **LASALA, Robert**
6.3 STREET ADDRESS **101 S. Washington Blvd, STE-901**
6.4 CITY-ST-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)