## **FILE NOW: FILING FEE IS \$61.25**

Mailing Address

P.O. BOX 1757

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

201 W. PARK AVE.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortha

Secretary or State DIVISION OF CORPORATIONS

## N9400001027 (1) DOCUMENT #

## FLORIDA CITY AND COUNTY MANAGEMENT FOUNDATION, I NC.

TALLAHASSEE FL 32302 TALLAHASSEE FL 32302-1757 3. Date Incorporated or Qualified 03/02/1994 3a. Date of Last Report 04/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3233397 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution П Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. 24 30 Yes No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SITTIG, MICHAEL 62 W. PARK 201 W. PARK AVE. 83 TALLAHASSEE FL 32302 84 City. Zip Code 3 よう AHASSCE 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. of registered agen, and title if applicable Signature, typed or punts (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **III** DELETE TITLE 1.1 TITLE Change NAME REID, RANDALL 12 NAME P.O. BOX 3175 N/A STREET ADDRESS 1.3 STREET ADDRESS STUART FL CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Addition NAME FARBER, DAVID 2.2 NAME ARBER DAVID 1050 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH STREET ADDRESS 23 STREET ADDRESS ROYAL PALM BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 31 TITLE LANGE LAND NAME FAVORS, ANITA 3.2 NAME 101 N. Charch 300 S. ADAMS, FOURTH FLOOR STREET ACIDRESS 3.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ST THILE 4.1 TITLE \_\_\_ Addition BERTS, FRANK ROBERTS, FRANK NAME 4.2 NAME SAMS AVE 210 SAMS AVE STREET ADDRESS. 4.3 STREET ADDRESS NEW SMYRNA BEACH FL New SMYRNA CITY-ST-7/P 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE CR-HNL, CARRIE FERRIS, RONALD NAME 5.2 NAME 500 GREYNOLDS CIRCLE STREET ADDRESS **5.3 STREET ADDRESS** LANTANA FL 33462 CHTY-ST-ZIP 5.4 CITY-ST-ZIP DELETE D TITLE 6.1 TITLE Addition LASALA, ROBERT NAME 6.2 NAME 101 S. WASHINGTON BLVD, STE 901 WASHINGTON STREET ADDRESS 6.3 STREET ADDRESS 101 5. SARASOTA 74 34236 SARASOTA FL 34236

14. I do 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 Hesident FOCMA SIGNATURE:

**FILED** 

Mar 04 1997 8:00am

Secretary of State