

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 201 W. PARK AVE. TALLAHASSEE FL 32302	Mailing Address P.O. BOX 1757 TALLAHASSEE FL 32302
---	--

3. Date Incorporated or Qualified
03/02/1994

4. FEI Number 59-3233397	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**TIPTON, LYNN
201 W. PARK AVE.
TALLAHASSEE FL 32302**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PP REID, RANDALL	1.1 TITLE	PED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REID, RANDALL	1.2 NAME	LEE, Robert
STREET ADDRESS	P.O. BOX 3175 N/A	1.3 STREET ADDRESS	2401 53RD STREET SOUTH
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	GULFPORT, FL 33737
TITLE	PPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARBER, DAVID	2.2 NAME	FERRIS, RON
STREET ADDRESS	1050 ROYAL PALM BEACH BLVD.	2.3 STREET ADDRESS	500 GREYNOLDS CIRCLE
CITY-ST-ZIP	ROYAL PALM BEACH FL	2.4 CITY-ST-ZIP	LANTANA, FL 33462
TITLE	PED <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKMON, LAURA	3.2 NAME	
STREET ADDRESS	101 N CHURCH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, FRANK	4.2 NAME	
STREET ADDRESS	210 SAMS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER-HILL, CARRIE	5.2 NAME	
STREET ADDRESS	21 COUNTRY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	VILLAGE OF GOLF FL	5.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LASALA, ROBERT	6.2 NAME	HOLLEY, Christopher
STREET ADDRESS	101 S. WASHINGTON BLVD, STE 901	6.3 STREET ADDRESS	1804 LEWIS TURNER BLVD, STE 400
CITY-ST-ZIP	SARASOTA FL 34236	6.4 CITY-ST-ZIP	FORT WATSON BEACH, FL 32547

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.

SIGNATURE: *Laura E. Blackmon* 11/2/98 407-518-2307

CR2E037 (10/97)