

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90160 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N94000001027

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



2. Principal Place of Business

21 301 S. Bronough St.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

03/02/1994

22 Suite 400

23 Tallahassee, FL

24 Zip 32301

25 Country

27 City & State

28 Zip

29 Country

30

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

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

82 Street Address (P.O. Box Number is Not Acceptable)
 301 S. Bronough St., Suite 400

83

84 City Tallahassee

FL

85 Zip Code 32301

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

LYNN TIPTON, EXEC. DIRECTOR

Lynn J. Tipton

1-5-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PED DELETE
 NAME LEE, ROBERT
 STREET ADDRESS 2401 53RD ST SOUTH
 CITY-ST-ZIP GULFPORT FL 33737

TITLE STD DELETE
 NAME FERRIS, RON
 STREET ADDRESS 500 GREYNOLDS CIR
 CITY-ST-ZIP LANTANA FL 33462

TITLE PD DELETE
 NAME BLACKMON, LAURA
 STREET ADDRESS 101 N CHURCH ST
 CITY-ST-ZIP KISSIMMEE FL

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

TITLE D DELETE
 NAME PARKER-HILL, CARRIE
 STREET ADDRESS 21 COUNTRY RD
 CITY-ST-ZIP VILLAGE OF GOLF FL

TITLE D DELETE
 NAME HOLLEY, CHRITOPHER
 STREET ADDRESS 1804 LEWIS TURNER BLVD, STE 400
 CITY-ST-ZIP FORT WALTON BEACH FL 32547

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE PED Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE PPD Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE STD Change Addition
 4.2 NAME TONEY-DEAL, ANN
 4.3 STREET ADDRESS 502 HINSON AVENUE
 4.4 CITY-ST-ZIP HAINES CITY, FL 33845

5.1 TITLE D Change Addition
 5.2 NAME BOWERS, WAYNE
 5.3 STREET ADDRESS 200 E. UNIVERSITY AVENUE
 5.4 CITY-ST-ZIP GAINESVILLE, FL 32602

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

1-11-99

850-222-9684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)