

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

• CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

50 MAY -1 PM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005610 (0)

1. Corporation Name

GOVERNOR'S HURRICANE CONFERENCE, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/1994	3a. Date of Last Report
4. FEI Number 65-0533961	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
4600 NORTH OCEAN BLVD. BOYNTON BEACH FL 33435		4600 NORTH OCEAN BLVD. BOYNTON BEACH FL 33435	
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	24	30
25	29	30	

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
Erik Edward Joh

82 Street Address (P.O. Box Number is Not Acceptable)
4600 North Ocean Boulevard

83
Suite 206

84 City
Boynton Beach FL 85 Zip Code
33435

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/25/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOH, ERIK E	1.2 NAME	
STREET ADDRESS	4600 N. OCEAN BLVD.	1.3 STREET ADDRESS	4600 N. Ocean Blvd., Ste. 206
CITY - ST - ZIP	BOYNTON BEACH FL 33435	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, DAVID L	2.2 NAME	
STREET ADDRESS	4600 N. OCEAN BLVD.	2.3 STREET ADDRESS	644 Mulberry Avenue
CITY - ST - ZIP	BOYNTON BEACH FL 33435	2.4 CITY - ST - ZIP	Panama City, Florida 32401
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYERS, JOSEPH	3.2 NAME	
STREET ADDRESS	4600 N. OCEAN BLVD.	3.3 STREET ADDRESS	2740 Centerview Drive
CITY - ST - ZIP	BOYNTON BEACH FL 33435	3.4 CITY - ST - ZIP	Tallahassee, Florida 32399-2100
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/25/95** **409/271-2100**

Signature and typed or printed name of signatory officer or director
Erik Edward Joh