

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 # **N94000005610 (0)**

1. Corporation Name

GOVERNOR'S HURRICANE CONFERENCE, INC.



Principal Place of Business: **4600 NORTH OCEAN BLVD. BOYNTON BEACH FL 33435**
Mailing Address: **4600 NORTH OCEAN BLVD. BOYNTON BEACH FL 33435**

3. Date Incorporated or Qualified: **11/14/1994**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **65-0533961**
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

**JOH, ERIK EDWARD
4600 N OCEAN BLVD
STE 206
BOYNTON BEACH FL 33435**

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 12

TITLE	D <input type="checkbox"/> DELETE
NAME	JOH, ERIK E
STREET ADDRESS	4600 N OCEAN BLVD, STE 206
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MILLER, DAVID L
STREET ADDRESS	644 MULBERRY AVE
CITY-ST-ZIP	PANAMA CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MEYERS, JOSEPH
STREET ADDRESS	2740 CENTERVIEW DR
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joh, Erik E.
1.3 STREET ADDRESS	4600 N. Ocean Blvd., Ste.206
1.4 CITY-ST-ZIP	Boynton Beach, FL 33426
2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	King, John
2.3 STREET ADDRESS	1840 25th St.
2.4 CITY-ST-ZIP	Vero Beach, FL 32960
3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Wearn, James McCartney
3.3 STREET ADDRESS	2023 N. Flagler Dr.
3.4 CITY-ST-ZIP	West Palm Beach, FL 33407
4.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Daines, Guy E.
4.3 STREET ADDRESS	12490 Ulmerton Rd.
4.4 CITY-ST-ZIP	Largo, FL 34643
5.1 TITLE	Executive Vice Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Howard, Lynn Dale, Sr.
5.3 STREET ADDRESS	1736 Adams Cir., So.
5.4 CITY-ST-ZIP	Largo, FL 34641
6.1 TITLE	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Myers, Joseph
6.3 STREET ADDRESS	2740 Centerview Dr., Tallahassee,
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 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: *[Signature]* **Panders** Date: **4/23/96** 407/2761008 Daytime Phone #

CR2E037 (12/95)

FI