


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N94000005610 (0)
1. Corporation Name
GOVERNOR'S HURRICANE CONFERENCE, INC.



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|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business 4600 NORTH OCEAN BLVD. BOYNTON BEACH FL 33435 | Mailing Address 4600 NORTH OCEAN BLVD. BOYNTON BEACH FL 33435-7365 |
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|--------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified 11/14/1994 | 3a. Date of Last Report 05/01/1996 |
|--------------------------------------------------------|----------------------------------------------|

| | |
|---------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business 1711 Avoca Dr. | 2a. Mailing Address P.O. Box 279 |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. |
| 23. City & State Tarpon Springs, FL | 28. City & State Tarpon Springs, FL |
| 24. Zip 34689 | 25. Country USA |
| 29. Zip 34688-0279 | 30. Country USA |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| | |
|--------------------------------------------------------|-----------|
| 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOH, ERIK E | 1.2 NAME | same |
| STREET ADDRESS | 4600 N OCEAN BLVD, STE 206 | 1.3 STREET ADDRESS | same |
| CITY-ST-ZIP | BOYNTON BEACH FL | 1.4 CITY-ST-ZIP | same |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KING, JOHN | 2.2 NAME | same |
| STREET ADDRESS | 1840 25TH ST. | 2.3 STREET ADDRESS | same |
| CITY-ST-ZIP | VERO BEACH FL | 2.4 CITY-ST-ZIP | same |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEYERS, JOSEPH | 3.2 NAME | same |
| STREET ADDRESS | 2740 CENTERVIEW DR | 3.3 STREET ADDRESS | same |
| CITY-ST-ZIP | TALLAHASSEE FL | 3.4 CITY-ST-ZIP | same |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEARN, JAMES M | 4.2 NAME | same |
| STREET ADDRESS | 2023 N. FLAGLER DR. | 4.3 STREET ADDRESS | same |
| CITY-ST-ZIP | WEST PALM BEACH FL | 4.4 CITY-ST-ZIP | same |
| TITLE | ST <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAINES, GUY E | 5.2 NAME | Secretary/Treasurer |
| STREET ADDRESS | 12490 ULMERTON RD. | 5.3 STREET ADDRESS | Baker, Michele |
| CITY-ST-ZIP | LARGO FL | 5.4 CITY-ST-ZIP | 8744 Government Dr. |
| TITLE | EVP <input type="checkbox"/> DELETE | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOWARD, LYSN | 6.2 NAME | Executive Vice President |
| STREET ADDRESS | 1736 ADAMS CIR., SO. | 6.3 STREET ADDRESS | Daines, Lynn |
| CITY-ST-ZIP | LARGO FL | 6.4 CITY-ST-ZIP | 1711 Avoca Dr. |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lynn Daines* **Lynn Daines, Exec. Vice Pres** Date: **4/10/97** Phone: **813-944-2724**

CR2E037 (9/96)