


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90036 032 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000005610**  
 1. Corporation Name  
**GOVERNOR'S HURRICANE CONFERENCE, INC.**

90024 . 90036 . 32 4

Principal Place of Business 1711 AVOCA DR. TARPON SPRINGS FL 34689 US	Mailing Address P.O. BOX 279 TARPON SPRINGS FL 34688-0279 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/14/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0533961
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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 P	DELETE <input type="checkbox"/>	1.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOH, ERIK E		1.2 NAME Erik E. Joh	
STREET ADDRESS 4600 N OCEAN BLVD, STE 206		1.3 STREET ADDRESS 4600 N Ocean Blvd., 2nd Floor	
CITY-ST-ZIP BOYNTON BEACH FL		1.4 CITY-ST-ZIP Boynton Beach, FL 33436	
TITLE S	DELETE <input checked="" type="checkbox"/>	2.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KING, JOHN		2.2 NAME Eve Rainey	
STREET ADDRESS 1840 25TH ST.		2.3 STREET ADDRESS 2555 Shumard Oak Blvd.	
CITY-ST-ZIP VERO BEACH FL		2.4 CITY-ST-ZIP Tallahassee, FL 32399-2100	
TITLE D	DELETE <input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEYERS, JOSEPH		3.2 NAME	
STREET ADDRESS 2555 SHUMARD OAK BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32399-2100		3.4 CITY-ST-ZIP	
TITLE D	DELETE <input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEARN, JAMES M		4.2 NAME	
STREET ADDRESS 2023 N. FLAGLER DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE TD	DELETE <input type="checkbox"/>	5.1 TITLE Vice President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAKER, MICHELE		5.2 NAME Michele Baker	
STREET ADDRESS 8744 GOVERNMENT DR		5.3 STREET ADDRESS 8744 Gaerment Dr.	
CITY-ST-ZIP NEW PORT RICHEY FL 34654		5.4 CITY-ST-ZIP New Port Richey, FL 34654	
TITLE DVP	DELETE <input type="checkbox"/>	6.1 TITLE Exec. Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAINES, LYNN		6.2 NAME Lynn Daines	
STREET ADDRESS 1711 AVOCA DR.		6.3 STREET ADDRESS 1711 Avoca Dr.	
CITY-ST-ZIP TARPON SPRINGS FL		6.4 CITY-ST-ZIP Tarpon Springs, FL 34689	

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: *Thom Daines* EXECUTIVE VICE PRES. 11/9/99 727-944-07

DOC #

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**Governor's Hurricane Confer  
Directors and Officer  
1998-1999**

**Directors**

David Cash  
President  
Florida Emergency Preparedness Association  
Polk County Public Safety  
PO Box 1458  
Bartow, FL 33831-1458  
P: 941-534-0350  
F: 941-534-0355

Joe Myers  
Florida Department of Community Affairs  
Division of Emergency Management  
2555 Shumard Oak Blvd.  
Tallahassee, FL 32399-2100  
P: 850-413-9969  
F: 850-488-1016

James McCartney Wearn  
American Red Cross  
2023 N. Flagler Dr.  
West Palm Beach, FL 33407  
P: 561-659-0655  
F: 561-659-0685

**Officers**

Frank Koutnik, GHC President  
Florida Department of Community Affairs  
Division of Emergency Management  
2555 Shumard Oak Blvd.  
Tallahassee, FL 32399-2100  
P: 850-413-9969  
F: 850-488-1016

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Michele Baker, GHC Vice President  
Pasco County Emergency Management  
8744 Government Dr.  
New Port Richey, FL 34654  
P: 727-847-8137  
F: 727-847-8004

Guy Daines, GHC Vice President  
1711 Avoca Dr.  
Tarpon Springs, FL 34689  
P: 727-937-4636  
F: 727-944-2687

Erik E. Joh, GHC Vice President  
4600 N. Ocean Blvd.  
Second Floor  
Boynton Beach, FL 33436  
P: 561-734-5099  
F: 561-272-2793

Eve Rainey, GHC Secretary  
Florida Department of Community Affairs  
Division of Emergency Management  
2555 Shumard Oak Blvd.  
Tallahassee, FL 32399-2100  
P: 850-413-9914  
F: 850-488-1739

Michele Baker, GHC Treasurer

Lynn Daines, GHC Executive Vice President  
PO Box 279  
Tarpon Springs, FL 34688-0279  
P: 800-544-5678 or 727-944-2724  
F: 727-944-2687