

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90064 014 ****61.25

DOCUMENT # N94000005610

1. Entity Name

GOVERNOR'S HURRICANE CONFERENCE, INC.

Principal Place of Business

Mailing Address

1711 AVOCA DR.
 TARPON SPRINGS FL 34689
 US

P.O. BOX 279
 TARPON SPRINGS FL 34688-0279
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0533961

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOYNER, HAROLD R
 DCALDEM
 2555 SHUMOND OAK BLVD.
 TALLAHASSEE FL 32399-2100

SHUMARD

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	JOYNER, HAROLD R	
STREET ADDRESS	2555 SHUMOND OAK BLVD.	SHUMARD
CITY-ST-ZIP	TALLAHASSEE FL 32399-2100	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RAINEY, EVE	
STREET ADDRESS	2555 SHUMARD OAK BLVD.	
CITY-ST-ZIP	TALLAHASSEE FL 32399-2100	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	MEYERS, JOSEPH	
STREET ADDRESS	2555 SHUMARD OAK BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32399-2100	
TITLE	DD	<input type="checkbox"/> Delete
NAME	ROGERO, DAVID	
STREET ADDRESS	1 SOUTHEAST THIRD AVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BAKER, MICHELE	
STREET ADDRESS	8744 GOVERNMENT DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	DAINES, LYNN	
STREET ADDRESS	1711 AVOCA DR.	
CITY-ST-ZIP	TARPON SPRINGS FL	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron McQueen	
STREET ADDRESS	Po Box 367	
CITY-ST-ZIP	Trenton, FL 32693	
TITLE	Mike Werner Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5 n. Bumby Ave.	
STREET ADDRESS	Orlando, FL 32803	
TITLE	Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Windon	
STREET ADDRESS	1112 Manatee Ave. W #525	
CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Hagan	
STREET ADDRESS	187 Office Plaza Dr.	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baker, Michele	
STREET ADDRESS	8744 Government Dr.	
CITY-ST-ZIP	New Port Richey FL 34654	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lynn Daines* **SIGNATURE REQUIRED** *Lynn Daines, Exec. Vice Pres 1/11/02 727-944-2724*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone #

CRRE037 (9/01)