

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000002028

Entity Name: CONFERENCE OF COUNTY COURT JUDGES OF FLORIDA, INC.

FILED
Jun 30, 2020
Secretary of State
5035042968CC

Current Principal Place of Business:

3375 CAPITAL CIR NE #G
TALLAHASSEE, FL 32318

Current Mailing Address:

PO BOX 180244
TALLAHASSEE, FL 32318 US

FEI Number: 82-5466420

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HANSARD, CPA, MATTHEW R
3375 CAPITAL CIR NE #G
TALLAHASSEE, FL 32318 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JEWETT, STEPHEN R
Address 425 N ORANGE AVE
 STE 385A
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name DENKIN, DAVID L
Address 4000 S TAMIAMI TRAIL
City-State-Zip: VENICE FL 34293

Title TREASURER
Name YERMAN, MARK J
Address 110 N APOPKA AVE
City-State-Zip: INVERNESS FL 34450

Title DIRECTOR
Name TINLIN, CHARLES J
Address 4010 LEWIS SPEEDWAY
City-State-Zip: ST. SUGUSTINE FL 32084

Title DIRECTOR
Name KELLY, CHRISTOPHER
Address 125 E ORANGE AVE
 ROOM 305
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name PALUCK, TARA PASCOTTO
Address 1700 MONROE ST
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR
Name FLOWER, GARY P
Address 501 W ADAMS ST
City-State-Zip: JACKSONVILLE FL 32202

Title VP
Name THOMPSON, THOMAS P III
Address 110 NW FIRST AVE
City-State-Zip: OCALA FL 34475

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK YERMAN

TREASURER

06/30/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DISTLER, D. MELISSA
Address E. MOODY BLVD, BLDG 1
City-State-Zip: BUNNELL FL 32110

Title DIRECTOR
Name DAVIS, TATUM
Address 945 N. TEMPLE AVENUE
City-State-Zip: STARKE FL 32091

Title DIRECTOR
Name GOTTLIEB, KENNTH
Address 201 S.E. 6TH STREET
City-State-Zip: FT. LAUDERDALE FL 33301

Title SECRETARY
Name JANCEWICZ, STEFANIA
Address 2 COURTHOUSE SQUARE
City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR
Name KELLY , CARROLL J
Address 73 W. FLAGLER STREET
City-State-Zip: MIAMI FL 34944

Title DIRECTOR
Name CARABALLO, TINA
Address 425 N. ORGANE AVE
City-State-Zip: ORLANDO FL 32801