#### 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000002028

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

**FILED** Mar 10, 2023 **Secretary of State** 0740803526CC

# **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	PAST PRESIDENT	Title	SECRETARY
Name	JEWETT, STEPHEN R	Name	PALUCK, TARA
Address	425 N ORANGE AVE STE 385A	Address	1700 MONROE ST
		City-State-Zip:	FORT MYERS FL 33901

City-State-Zip: ORLANDO FL 32801

Title PAST PRESIDENT Title DIRECTOR

Name THOMPSON, THOMAS P III Name TINLIN, CHARLES J Address 110 NW FIRST AVE 4010 LEWIS SPEEDWAY Address OCALA FL 34475 City-State-Zip:

City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR Title PRESIDENT ELECT Name JANCEWICZ, STEFANIA DISTLER, D. MELISSA Name Address 2 COURTHOUSE SQUARE Address E. MOODY BLVD, BLDG 1 City-State-Zip: KISSIMMEE FL 34741

City-State-Zip: BUNNELL FL 32110

**DIRECTOR** Title Name GOTTLIEB, KENNTH Name DAVIS, TATUM 201 S.E. 6TH STREET Address Address 945 N. TEMPLE AVENUE

City-State-Zip: STARKE FL 32091

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**PRESIDENT** 

City-State-Zip: FT. LAUDERDALE FL 33301

Title

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.

03/10/2023 SIGNATURE: LISA ALLEN **TREASURER** 

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name HELM, CHARLES

Address 110 N. APOPKA AVENUE

City-State-Zip: INVERNESS FL 34450

Title DIRECTOR

Name MASON, ANGELA D.

Address 101 E. JAMES LEE BOULEVARD

City-State-Zip: CRESTVIEW FL 32536

Title TREASURER
Name ALLEN, LISA

Address 800 EAST TWIGGS STREET

SUITE 318

City-State-Zip: TAMPA FL 33602

Title DIRECTOR

Name MILLER, CHRIS

Address 101 N. ALABAMA AVENUE

City-State-Zip: DELAND FL 32724

Title DIRECTOR

Name BIGNEY, JEANETTE

Address 425 N. ORANGE AVENUE

City-State-Zip: ORLANDO FL 32801