

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000002028

FILED
Apr 30, 2019
Secretary of State
8728423982CC

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

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 DIRECTOR
Name WILLIAMS, JOSEPH M
Address 339 E MACCLENNY AVE
STE 219
City-State-Zip: MACCLENNY FL 32063

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

Title DIRECTOR
Name GAGLIARDI, JOSEPHINE
Address 1700 MONROE ST
City-State-Zip: FORT MYERS FL 33901

Title PRESIDENT
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

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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 J. YERMAN

TREASURER

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title SECRETARY
Name BARAKAT, MICHELLE A
Address 73 WEST FLAGLER ST
City-State-Zip: MIAMI FL 33130

Title DIRECTOR
Name COLLINS, SHERRI L
Address 2950 STATE RD 15
City-State-Zip: BELLE GLADE FL 33430

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

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

Title DIRECTOR
Name BEOVIDES, GINA
Address 73 WEST FLAGLER ST
City-State-Zip: MIAMI FL 33130

Title DIRECTOR
Name SMITH, J. LAYNE
Address 301 SOUTH MONROE ST
City-State-Zip: TALLAHASSEE FL 32301