

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005610

Entity Name: GOVERNOR'S HURRICANE CONFERENCE, INC.

Current Principal Place of Business:

1711 AVOCA DR.
TARPON SPRINGS, FL 34689

Current Mailing Address:

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

FEI Number: 65-0533961

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAINES, LYNN
1711 AVOCA DR.
TARPON SPRINGS, FL 34689 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 WOMBLE, PAUL
Address 1890 JIM KEENE BLVD
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name COOPER, STEVEN
Address 819 TAYLOR ST., #10A03
City-State-Zip: FORT WORTH TX 76102

Title EXECUTIVE DIRECTOR
Name DAINES, LYNN
Address 1711 AVOCA DR.
City-State-Zip: TARPON SPRINGS FL 34689

Title DIRECTOR
Name RAINEY, EVE
Address 400 CAPITAL CIRCLE SE ST.
City-State-Zip: TALLAHASSEE FL 32301

Title EX-OFFICIO
Name ROGERO, DAVID
Address 2625 PONCE DE LEON BLVD., SUITE 280
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name RIVERA, CESAR
Address 1115 EASTERWOOD DR
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR
Name MORGAN, JACK
Address 3356 PALM ISLAND ROAD
City-State-Zip: JACKSONVILLE FL 32250

Title DIRECTOR
Name CAMPEN, AMANDA
Address 2555 SHUMARD OAK BLVD
City-State-Zip: TALLAHASSEE FL 32399

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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: LYNN DAINES

EXECUTIVE DIRECTOR

01/08/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LAMARRE, BRIAN
Address 2525 14TH AVE, SE
City-State-Zip: RUSKIN FL 33570