

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **726066** (4)

1. Corporation Name

**FLORIDA COUNCIL OF INTERNATIONAL DEVELOPMENT, IN C.**

Principal Place of Business

Mailing Address

P O BOX 141538  
CORAL GABLES FL 33114-1538

P O BOX 141538  
CORAL GABLES FL 33114-1538



3. Date Incorporated or Qualified  
**04/09/1973**

3a. Date of Last Report  
**02/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 **5600 N.W. 36th Street**

26 **P.O. Box 140398**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **6th Floor**

27

City & State

City & State

23 **Miami, FL**

28 **Coral Gables, FL**

Zip

Country

Zip

Country

24 **33166**

25 **U.S.A.**

29 **33114-0398**

30 **U.S.A.**

4. FEI Number

**59-1647799**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MERK, J LAMAR  
870 N.W. 87TH AVENUE  
NO 302  
MIAMI FL 33172**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME ~~HANLEY, PETER~~  
STREET ADDRESS **1 NE 40 ST, STE 207**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME ~~VC~~  
STREET ADDRESS **DINGLE, JERRY D.**  
CITY-ST-ZIP **400 N. ASHLEY DR. #2800 TAMPA FL**

TITLE ☒ DELETE

NAME ~~NEFF, GUY A~~  
STREET ADDRESS **2 SOUTH ORANGE PLAZA**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **ED**  
STREET ADDRESS **MERK, J. LAMAR**  
CITY-ST-ZIP **870 NW 87TH AVE, NO 302 MIAMI FL**

TITLE ☒ DELETE

NAME ~~MIXSON, WAYNE~~  
STREET ADDRESS **2219 DEMERON RD**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME ~~B~~  
STREET ADDRESS **3 BIERLEY, JOHN C.**  
CITY-ST-ZIP **111 E. MADISON ST, SUITE 200 TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **VC**  
1.3 STREET ADDRESS **ROBERT R. HENDRY**  
1.4 CITY-ST-ZIP **200 E. ROBINSON ST., SUITE 500 ORLANDO, FL 32801**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **S**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **T**  
3.3 STREET ADDRESS **CHARLES F. MCKAY**  
3.4 CITY-ST-ZIP **5201 BLUE LAGOON DR., SUITE 530 MIAMI, FL 33126**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **D**  
5.3 STREET ADDRESS **BRUCE C. STARLING**  
5.4 CITY-ST-ZIP **1004 LANCASTER DR ORLANDO, FL 32806**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **C**  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96

813-273-4354

Date

Daytime Phone

CR2E037 (12/95)