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FILED

Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

5600 NW 36TH STREET
6TH FLOOR
MIAMI FL 33166
USP.O. BOX 140398
CORAL GABLES FL 33114-0398
US3. Date Incorporated or Qualified
04/09/19733a. Date of Last Report
03/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1647799

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~10~~ ☐ DELETE
NAME HENDRY, ROBERT R.
STREET ADDRESS 200 E ROBINSON STREET #500
CITY-ST-ZIP ORLANDO FL1.1 TITLE C/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE ~~5~~ ☐ DELETE
NAME DINGLE, JERRY D.
STREET ADDRESS 400 N. ASHLEY DR. #2800
CITY-ST-ZIP TAMPA FL2.1 TITLE D ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE ~~1~~ ☐ DELETE
NAME MCKAY, CHARLES
STREET ADDRESS 5201 BLUE LAGOON DRIVE SUITE 530
CITY-ST-ZIP MIAMI FL3.1 TITLE T/D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ~~10~~ ☐ DELETE
NAME MERK, J. LAMAR
STREET ADDRESS 870 NW 87TH AVE, NO 302
CITY-ST-ZIP MIAMI FL4.1 TITLE MD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ~~10~~ ☒ DELETE
NAME ~~STARLING, BRUCE G.~~
STREET ADDRESS ~~1004 LANCASTER DRIVE~~
CITY-ST-ZIP ~~ORLANDO FL~~5.1 TITLE VCD ☐ Change ☒ Addition
5.2 NAME FREDERICK C. BRENNER
5.3 STREET ADDRESS 12700 S.W. 69TH AVENUE
5.4 CITY-ST-ZIP MIAMI, FL 33156TITLE ~~10~~ ☐ DELETE
NAME BIERLEY, JOHN C.
STREET ADDRESS 111 E MADISON STREET SUITE 2300
CITY-ST-ZIP TAMPA FL6.1 TITLE D ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

J. Lamar Merk J. LAMAR MERK 2/27/97 (305)870-5030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028123

CR2E037 (9/96)