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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726066

1. Corporation Name

FLORIDA COUNCIL OF INTERNATIONAL DEVELOPMENT, IN
C.

Principal Place of Business

5600 NW 36TH STREET
6TH FLOOR
MIAMI FL 33166
US

Mailing Address

P.O. BOX 140398
CORAL GABLES FL 33114-0398
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/09/1973

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 CD ☐ DELETE
NAME HENDRY, ROBERT R.
STREET ADDRESS 200 E ROBINSON STREET #500
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME DINGLE, JERRY D.
STREET ADDRESS 400 N. ASHLEY DR. #2800
CITY-ST-ZIP TAMPA FL

TITLE TD ☐ DELETE
NAME MCKAY, CHARLES
STREET ADDRESS 5201 BLUE LAGOON DRIVE SUITE 530
CITY-ST-ZIP MIAMI FL

TITLE MD ☐ DELETE
NAME MERK, J. LAMAR
STREET ADDRESS 870 NW 87TH AVE, NO 302
CITY-ST-ZIP MIAMI FL

TITLE VCD ☐ DELETE
NAME FREDERICK C. BRENNER
STREET ADDRESS 12700 S.W. 69TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME BIERLEY, JOHN C.
STREET ADDRESS 100 N TAMPA STREET, SUITE 2120
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)