


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90402 001 ***122.50

DOCUMENT # 764023 1. Entity Name FLORIDA CLIENTS COUNCIL, INC.			
Principal Place of Business FLORIDA LEGAL SERVICES, INC 2121 DELTA BLVD. TALLAHASSEE, FL 32303-4209 US		Mailing Address FLORIDA LEGAL SERVICES, INC 2121 DELTA BLVD. TALLAHASSEE, FL 32303-4209 US	
2. Principal Place of Business 2425 Torreya Dr Suite, Apt. #, etc.		3. Mailing Address 2425 Torreya Drive Suite, Apt. #, etc.	
City & State Tallahassee FL		City & State Tallahassee FL	
Zip 32303		Zip 32303	
Country LEON		Country LEON	
4. FEI Number 59-1436126		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPUHLER, KENT R 2121 DELTA BLVD TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name <u>KENT R. SPUHLER</u> Street Address (P.O. Box Number is Not Acceptable) <u>2425 Torreya Drive</u> City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32303</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, JAMES E POST OFFICE BOX 188 N/A HASTINGS, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDERS, GLORIA 100 EAST DADE AVENUE BUSHNELL, FL 33513	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAKER-JONES, DEROTHA 32 VICTORIA AVENUE HAVANA, FL 32333	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Derotta Baker Jones</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/27/06</u> Daytime Phone # _____	