

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 29 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000007692

1. Entity Name
FRIENDS OF THE OLD FLORIDA CAPITOL, INC.



Principal Place of Business
500 S. BRONOUGH ST
TALLAHASSEE, FL 32399

Mailing Address
500 S. BRONOUGH ST
TALLAHASSEE, FL 32399

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3753544

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLEOD, STEPHEN A
DIVISION OF HISTORICAL RESOURCES
500 SOUTH BRONOUGH STREET
TALLAHASSEE, FL 32399

Name

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

City

FL

Zip Code

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

Stephen A. McLeod

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

(NOTE: Registered Agent signature required when reinstating)

January 8, 2004
DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUNT, E.L. ROY
2721 SW 4TH PL
GAINESVILLE, FL 32607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NEYLAND, LEEDELL W PH.D.
2522 BLARNEY DR
TALLAHASSEE, FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HORNE, MALLORY E
P.O. BOX 1674
TALLAHASSEE, FL 32302 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCLEOD, STEPHEN A
500 S. BRONOUGH ST
TALLAHASSEE, FL 32399 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JORDAN, BRUCE C
150 S BRONOUGH ST
TALLAHASSEE, FL 32302 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KEEVER, LYNDIA
490 FIRST AVENUE SOUTH, SUITE 800
ST PETERSBURG, FL 33701 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Jordan, Bruce C.
1530 Metropolitan Boulevard
Tallahassee, Florida 32308 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Brunson, Jeana Ph.D.
500 South Bronough Street
Tallahassee, Florida 32399-0250 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Signature] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Signature] ☐ Change ☐ Addition
300034781683
04/30/04--01006--012 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Signature] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Signature] ☐ Change ☐ Addition

12. 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 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:

Stephen A. McLeod

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 8, 2004 850-215-6325
Date Daytime Phone #