


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-31-2006 90018 015 ****70.00

DOCUMENT # N05000010901					
1. Entity Name CONFERENCE OF CIRCUIT JUDGES OF FLORIDA, INC.					
Principal Place of Business 215 SOUTH MONROE ST., 2ND FLOOR TALLAHASSEE, FL 32301-1839			Mailing Address P. O. BOX 10095 TALLAHASSEE, FL 32302-2095		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2154208	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUNBAR, PETER M 215 SOUTH MONROE ST., 2ND FLOOR TALLAHASSEE, FL 32301-1839			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____					
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	P DUNBAR, PETER 215 SOUTH MONROE ST., 2ND FLOOR TALLAHASSEE, FL 323011839 <input checked="" type="checkbox"/> Delete	TITLE C/D NAME STREET ADDRESS CITY- ST- ZIP	Blake, Stanford <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1351 N.W. 12th St., Suite 212 Miami, FL 33125-1632		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE V/C/D NAME STREET ADDRESS CITY- ST- ZIP	Menendez, Jr., Manuel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lee County Justice Center 1700 Monroe St, FL 1 Fort Meyers, FL 33901-3071		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE S/T/D NAME STREET ADDRESS CITY- ST- ZIP	Steinbeck, Margaret <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hillsborough County Courthouse 800 E. Twiggs Street, Room 602 Tampa, FL 33602-3500		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<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: <i>[Signature]</i>		X <i>3/29/06</i>		X <i>3051 548-5721</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Stanford Blake