

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90119 014 ****61.25

DOCUMENT # **N06904**

1. Corporation Name

FLORIDA LEADERSHIP CONFERENCE, INC.

Principal Place of Business

% ROBERT W. HARPER
229 CHERRYWOOD DR
MAITLAND FL 32751

Mailing Address

% ROBERT W. HARPER
229 CHERRYWOOD DR
MAITLAND FL 32751

79040-90119-14



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/31/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2502000	
24 Country		29 Country		5. Certificate of Status Desired	
25		30		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HARPER, ROBERT W.
229 CHERRYWOOD DR.
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	DPT	1.1 TITLE	
NAME	HARPER, ROBERT W.	1.2 NAME	
STREET ADDRESS	229 CHERRYWOOD DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	
TITLE	DA	2.1 TITLE	
NAME	HARPER, STEPHEN E.	2.2 NAME	
STREET ADDRESS	508 CENTRAL AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	BROOKS, KENNETH	3.2 NAME	
STREET ADDRESS	5888 SADLER RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ZELLWOOD FL	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	
NAME	DIPPY, THEODORE MD	4.2 NAME	
STREET ADDRESS	22904 COUNTY ROAD 561	4.3 STREET ADDRESS	
CITY-ST-ZIP	ASTATULA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Robert W. Harper
SIGNATURE OFFICER OR DIRECTOR

2-10-99 407 831-6110
Date Daytime Phone #

CR2E037 (1/98)