04211999-90223-040-$61.25-$61.25

FILED
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90223 040 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N34876

1. Corporation Name
THE FLORIDA BAR CHILDREN'S FUND, INC.

* 450335 - 90239 - 48 *

Principal Place of Business	Mailing Address
% JOHN F. HARKNESS, JR. 650 APALACHEE PARKWAY (FLORIDA BAR CENTER) TALLAHASSEE FL 32399-2300 US	% JOHN F. HARKNESS, JR. 650 APALACHEE PARKWAY (FLORIDA BAR CENTER) TALLAHASSEE FL 32399-2300 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/25/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3006114 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARKNESS, JOHN F., JR. THE FLORIDA BAR CENTER 650 APALACHEE PARKWAY TALLAHASSEE FL 32399-2300	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	Osman, Edith G. PRES. D	☐ Change ☒ Addition
NAME	BLUMBERG, EDWARD R. PRES		1.2 NAME	Carlton Fields	
STREET ADDRESS	100 N. BISCAYNE BLVD.		1.3 STREET ADDRESS	4000 International Place, 100 S.E. 2nd St.	
CITY-ST-ZIP	MIAMI FL 33132		1.4 CITY-ST-ZIP	Miami, FL 33131-9101	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	HARKNESS, JOHN F., JR. SEC/TREA. D		2.2 NAME	Russomanno, Herman J. VICE-PRES.	
STREET ADDRESS	650 APALACHEE PARKWAY		2.3 STREET ADDRESS	Museum Tower Suite 2101 D	
CITY-ST-ZIP	TALLAHASSEE FL 32399-2300		2.4 CITY-ST-ZIP	150 West Flagler St.	
TITLE	D	☒ DELETE	3.1 TITLE	Miami, FL 33130	☐ Change ☐ Addition
NAME	LEVINE, JACK DIRECTOR		3.2 NAME		
STREET ADDRESS	514 E COLLEGE AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32314-6846		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED 4/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #