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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N42090

1. Corporation Name

FLORIDA COALITION AGAINST THE DEATH PENALTY, INC

Principal Place of Business

2363 UNION ST.
FT. MYERS FL 33901-3924
US

Mailing Address

2363 UNION ST.
FT. MYERS FL 33901-3924
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/14/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0262592	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	Trust Fund Contribution	
24	25	29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FABBRO, RICHARD A 2363 UNION ST FT MYERS FL 33901				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	FABBRO, RICHARD				
STREET ADDRESS	2363 UNION STREET				
CITY-ST-ZIP	FT. MYERS FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	O'BRYAN, JOSEPH P				
STREET ADDRESS	3931 RIVERSIDE DR W				
CITY-ST-ZIP	FT MYERS FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	BECKER, OLMA				
STREET ADDRESS	826 N. LAKESHORE CIRCLE				
CITY-ST-ZIP	PT. CHARLOTTE FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	WELCH, BERNARD				
STREET ADDRESS	1404 WINDSOR COURT				
CITY-ST-ZIP	CAPE CORAL FL				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.2 NAME D CAROLYN GRAY					
1.3 STREET ADDRESS 118 VAN ROAD					
1.4 CITY-ST-ZIP JUPITER FL 33469					
2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
2.2 NAME D MELODEE SMITH					
2.3 STREET ADDRESS 5236 S.W. 3RD AVE.					
2.4 CITY-ST-ZIP CAPE CORAL FL 33914					
3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
3.2 NAME D MR. JOHN DAVIS					
3.3 STREET ADDRESS 1010 MC LENDON					
3.4 CITY-ST-ZIP TALLAHASSEE FL 32308					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 8 APR 99 (941)332-3449

Date Daytime Phone #