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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90266 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000897

1. Corporation Name

THE COLLINS CENTER FOR PUBLIC POLICY, INC.

Principal Place of Business

**CAWTHON HOUSE
FSU LAW SCHOOL CAMPUS
TALLAHASSEE FL 32302-1658
US**

Mailing Address

**P O BOX 1658
TALLAHASSEE FL 32302-1658**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/23/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0397159
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired ☐
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing ☐
29	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**PETREY, RODERICK N
701 BRICKELL AVE, STE 3000
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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

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	D ☐ DELETE	1.1 TITLE	CD ☒ Change ☐ Addition
NAME	APTHORP, JAMES W	1.2 NAME	
STREET ADDRESS	15310 AMBERLY DR STE 220	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	1.4 CITY-ST-ZIP	
TITLE	CD ☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	ASKEW, REUBIN	2.2 NAME	21P
STREET ADDRESS	325 JOHN KNOX ROAD WOODCREST OFFICE PK	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	32303
TITLE	VD ☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	THAYER, STELLA F	3.2 NAME	21P
STREET ADDRESS	111 MADISON ST STE 2300	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	33602
TITLE	P ☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	PETREY, RODERICK N	4.2 NAME	21P
STREET ADDRESS	701 BRICKELL AVE, STE 3000	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	33131
TITLE	D ☒ DELETE	5.1 TITLE	SD ☒ Change ☐ Addition
NAME	BLACK, MARGARET F	5.2 NAME	KEEVER, LYNDIA
STREET ADDRESS	702 DUPARC CIRCLE	5.3 STREET ADDRESS	490 First Avenue South
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	STD ☐ DELETE	6.1 TITLE	VT ☒ Change ☐ Addition
NAME	MARKS, JOHN R	6.2 NAME	21P
STREET ADDRESS	215 S MONROE ST STE 130	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	6.4 CITY-ST-ZIP	32301

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:

By: Roderick N. Petrey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

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**COLLINS CENTER FOR PUBLIC POLICY, INC.
OFFICERS AND BOARD OF TRUSTEES**

Name:

D

Mrs. Jane Collins Aurell
227 South Calhoun St.
Tallahassee, FL 32301-1884

Name:

Mailing Address:

D

J. Clint Brown*
Fowler White Gillen Boggs Villareal Banker P.A.
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Name:

Mailing Address:

D

Rosalyn Y. Carter, Ph.D.
Florida Atlantic University
University Tower
220 S.E. 2nd Avenue
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Name:

Mailing Address:

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Talbot (Sandy) D'Alemberte, Esquire
President
Florida State University
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Name:

Mailing Address:

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Name:

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Mr. Joel Embry
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4/22/99

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Name:
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Ms. Gerry Garcia
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Name:
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Name:
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