

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # N94000000893 (7)

1. Corporation Name

THE FLORIDA CONFERENCE, INC.



Principal Place of Business: 112 W. ADAMS STREET, STE. 1814, JACKSONVILLE FL 32202
Mailing Address: 112 W. ADAMS STREET, STE. 1814, JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 02/17/1994
3a. Date of Last Report: 08/11/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: APPLIED FOR 53-0907696
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
PARKER, AVA C
112 W. ADAMS STREET
STE. 1814
JACKSONVILLE FL 32202

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: 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 reappointing) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|------------------------|
| TITLE: C | NAME: CUMMINGS, FRANK C | 11 TITLE: | Daniels, E.L. Director |
| | STREET ADDRESS: 100 RIVERSIDE DRIVE | 12 NAME: | 1305 magnolia st. |
| | CITY-ST-ZIP: JACKSONVILLE FL | 13 STREET ADDRESS: | Thomasville, GA 31792 |
| | | 14 CITY-ST-ZIP: | |
| TITLE: C | NAME: RICHARDSON, A.J. JR. | 21 TITLE: | |
| | STREET ADDRESS: 3715 FORSYTH WAY | 22 NAME: | |
| | CITY-ST-ZIP: TALLAHASSEE FL 32308 | 23 STREET ADDRESS: | |
| | | 24 CITY-ST-ZIP: | |
| TITLE: Treasurer | NAME: PLUMMER, LEE E | 31 TITLE: | |
| | STREET ADDRESS: ROUTE 3, BOX 114 | 32 NAME: | |
| | CITY-ST-ZIP: TALLAHASSEE FL 32310 | 33 STREET ADDRESS: | |
| | | 34 CITY-ST-ZIP: | |
| TITLE: Secretary | NAME: JOHNSON, BENNY L | 41 TITLE: | |
| | STREET ADDRESS: 402 SW 1ST STREET | 42 NAME: | |
| | CITY-ST-ZIP: MADISON FL 32340 | 43 STREET ADDRESS: | |
| | | 44 CITY-ST-ZIP: | |
| TITLE: D | NAME: REDDICK, A. J | 51 TITLE: | |
| | STREET ADDRESS: 1943 COLLEGE CIRCLE, NORTH | 52 NAME: | |
| | CITY-ST-ZIP: JACKSONVILLE FL 32209 | 53 STREET ADDRESS: | |
| | | 54 CITY-ST-ZIP: | |
| TITLE: D | NAME: WILSON, RALPH | 61 TITLE: | |
| | STREET ADDRESS: ROUTE 4 BOX 1590 | 62 NAME: | |
| | CITY-ST-ZIP: MADISON FL 32340 | 63 STREET ADDRESS: | |
| | | 64 CITY-ST-ZIP: | |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/29/96
Daytime Phone #: 904-355-8262

CR2E037 (12/95)