

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

2a. Mailing Address

21

26

4. FEI Number

APPLIED FOR 53-0204696

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKER, AVA C  
112 W. ADAMS STREET  
STE. 1814  
JACKSONVILLE FL 32202

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 C ☐ DELETE  
NAME CUMMINGS, FRANK C  
STREET ADDRESS 100 RIVERSIDE DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

11 TITLE Daniels, E.L. Director ☐ Change ☒ Addition  
12 NAME 1305 magnolia st.  
13 STREET ADDRESS Thomasville, GA 31792  
14 CITY-ST-ZIP

TITLE C ☐ DELETE  
NAME RICHARDSON, A.J. JR.  
STREET ADDRESS 3715 FORSYTH WAY  
CITY-ST-ZIP TALLAHASSEE FL 32308

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME Treasurer  
STREET ADDRESS PLUMMER, LEE E  
CITY-ST-ZIP ROUTE 3, BOX 114  
TALLAHASSEE FL 32310

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME Secretary  
STREET ADDRESS JOHNSON, BENNY L  
CITY-ST-ZIP 402 SW 1ST STREET  
MADISON FL 32340

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME REDDICK, A. J  
STREET ADDRESS 1943 COLLEGE CIRCLE, NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32209

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME WILSON, RALPH  
STREET ADDRESS ROUTE 4 BOX 1590  
CITY-ST-ZIP MADISON FL 32340

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96  
Date

904-355-8262  
Daytime Phone #

CR2E037 (12/95)