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1997 MAY -1 PM 4: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000000893 (7)
1. Corporation Name
THE FLORIDA CONFERENCE, INC.



Principal Place of Business Mailing Address
112 W. ADAMS STREET / STE 1814 JACKSONVILLE FL 32202
112 W. ADAMS STREET STE 1814 JACKSONVILLE FL 32202-3837

3. Date Incorporated or Qualified **02/17/1994** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address
21 40 East State Street **26 40 East State Street**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State City & State
23 Jacksonville, FL **28 Jacksonville, FL**
Zip Country Zip Country
24 32202 **25** **29 32202** **30**

4. FEI Number **53-0204696** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$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 Parker, Ava L.
82 Street Address (P.O. Box Number is Not Acceptable) 603 N. Market Street
83
84 City Jacksonville FL 85 Zip Code 32202

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 <input type="checkbox"/> DELETE	1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, FRANK C	1.2 NAME	Cummings, Frank C
STREET ADDRESS	100 RIVERSIDE DRIVE	1.3 STREET ADDRESS	40 East State Street
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	C <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDSON, A.J. JR.	2.2 NAME	E.L. Daniels
STREET ADDRESS	3715 FORSYTH WAY	2.3 STREET ADDRESS	1305 Magnolia Street
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	Thomasville, GA 31792
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUMMER, LEE E	3.2 NAME	500002164725-5
STREET ADDRESS	ROUTE 3, BOX 114	3.3 STREET ADDRESS	-05/02/97-01153-010
CITY-ST-ZIP	TALLAHASSEE FL 32310	3.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, BENNY L	4.2 NAME	Byrd, J. Leander
STREET ADDRESS	402 SW 1ST STREET	4.3 STREET ADDRESS	3717 Suffolk Drive
CITY-ST-ZIP	MADISON FL 32340	4.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDDICK, A. J	5.2 NAME	
STREET ADDRESS	1943 COLLEGE CIRCLE, NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, RALPH	6.2 NAME	
STREET ADDRESS	ROUTE 4 BOX 1590	6.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	6.4 CITY-ST-ZIP	

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5/11/97

14. I do 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.

CR2E037 (9/96)