

FILE NOW: FILING FEE IS \$61.25

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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

21 40 East State Street

Suite, Apt. #, etc.

22 City & State

23 Jacksonville, FL

24 Zip 32202

25 Country

2a. Mailing Address

26 40 East State Street

Suite, Apt. #, etc.

27 City & State

28 Jacksonville, FL

29 Zip 32202

30 Country

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

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C ☒ Change ☐ Addition
1.2 NAME Cummings, Frank C
1.3 STREET ADDRESS 40 East State Street
1.4 CITY-ST-ZIP Jacksonville, FL 32202

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME E.L. Daniels
2.3 STREET ADDRESS 1305 Magnolia Street
2.4 CITY-ST-ZIP Thomasville, GA 31792

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME 500002164725-5
3.3 STREET ADDRESS -05/02/97-01153-010
3.4 CITY-ST-ZIP *****61.25 *****61.25

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Byrd, J. Leander
4.3 STREET ADDRESS 3717 Suffolk Drive
4.4 CITY-ST-ZIP Tallahassee, FL 32308

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)