

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N94000000893 (7)

1. Corporation Name

THE FLORIDA CONFERENCE, INC.

FILED

98 JUL 17 AM 10:51



Principal Place of Business

40 EAST STATE STREET  
JACKSONVILLE FL 32202

Mailing Address

40 EAST STATE STREET  
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

02/17/1994

4. FEI Number

53-0204696

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

PARKER, AVA L  
603 N. MARKET STREET  
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

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

TITLE C ☐ DELETE

NAME CUMMINGS, FRANK C  
STREET ADDRESS 40 EAST STATE STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D ☐ DELETE

NAME DANIELS, E. I.  
STREET ADDRESS 1308 MAGNOLIA STREET  
CITY-ST-ZIP THOMASVILLE GA 31792

TITLE T ☐ DELETE

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

TITLE D ☐ DELETE

NAME BYRD, LEANDER J  
STREET ADDRESS 3717 SUFFOLK DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32308

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS DeSae Thomas B  
1690 Ribault Seem Dr.

1.4 CITY-ST-ZIP JACKSONVILLE, FL 32208

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Green, John F

2.3 STREET ADDRESS 501 West Orange Avenue

2.4 CITY-ST-ZIP TALLAHASSEE, FL 32310

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 100002594651 -- 7

3.4 CITY-ST-ZIP -07/21/98--01106--001

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME \*\*\*\*490.00 \*\*\*\*61.25

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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.

SIGNATURE: Thomas B. DeSae Thomas B. DeSae 07/17/98 (904) 355-5064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)