

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  
 Applied For  
 Not Applicable

2. Principal Place of Business  
 21. Suite, Apt. #, etc.  
 22. City & State  
 23. Zip  
 24. Country

2a. Mailing Address  
 26. Suite, Apt. #, etc.  
 27. City & State  
 28. Zip  
 29. Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$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  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City  
 FL B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

TITLE  DELETE  
 NAME **D DANIELS, E I**  
 STREET ADDRESS **1305 MAGNOLIA STREET**  
 CITY-ST-ZIP **THOMASVILLE GA 31792**

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

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

TITLE  DELETE  
 NAME **D REDDICK, A. J**  
 STREET ADDRESS **1043 COLLEGE CIRCLE, NORTH**  
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE  DELETE  
 NAME **D 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 **DeSue Thomas B**  
 1.4 CITY-ST-ZIP **1690 Ribault Seenc Dr. JACKSONVILLE, FL 32208**

2.1 TITLE  Change  Addition  
 2.2 NAME **O 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 **1000025946EJ -- 7**  
 3.4 CITY-ST-ZIP **-07/21/98--01103--001**  
**\*\*\*\*490.00 \*\*\*\*61.25**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 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. DeSue** 07/17/98 (904) 355-5064  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000831

CR2E037 (5/98)