

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT -1 PM 1:41

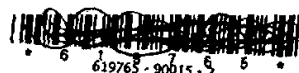
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000893

1. Corporation Name
THE FLORIDA CONFERENCE, INC.

Principal Place of Business
40 EAST STATE STREET
JACKSONVILLE FL 32202

Mailing Address
40 EAST STATE STREET
JACKSONVILLE FL 32202



9/24/99 90015 001 \$61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 701 East Union St Suite, Apt. #, etc. Suite 301	26 101 East Union St Suite, Apt. #, etc. Suite 301	02/17/1994
22 Jacksonville, FL	27 Jacksonville	4. FEI Number 53-0204696
23 32202	28 Duval	Applied For Not Applicable
24 32202	29 America	5. Certificate of Status Desired <input type="checkbox"/>
	30 America	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
PARKER, AVA L 603 N. MARKET STREET JACKSONVILLE FL 32202		\$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent

81 Name	Desue Thomas B.
82 Street Address (P.O. Box Number is Not Acceptable)	101 East Union Street
83	Suite 301
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: Thomas B. Desue Thomas B. Desue 09/29/99
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	CUMMINGS, FRANK C	1.2 NAME	Green, John F.
STREET ADDRESS	40 EAST STATE STREET	1.3 STREET ADDRESS	130 Cottonville Circle
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	D	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	GREEN, JOHN F.	2.2 NAME	Desue, Thomas B.
STREET ADDRESS	501 W. ORANGE AVENUE	2.3 STREET ADDRESS	101 East Union Street
CITY-ST-ZIP	THOMASVILLE GA 32310	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	T	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PLUMMER, LEE E	3.2 NAME	
STREET ADDRESS	ROUTE 3, BOX 114	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BYRD, LEANDER J	4.2 NAME	
STREET ADDRESS	3717 SUFFOLK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Desue Thomas B. Desue Thomas B. 09/14/99 (904) 3558262
Signature and Title or Printed Name of Signing Officer or Director Date Before Notary

KE

CR2ER37 (5/99)