

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90245 013 \*\*\*\*61.25

<b>DOCUMENT # N94000001027</b>					
<b>1. Entity Name</b> FLORIDA CITY AND COUNTY MANAGEMENT FOUNDATION, INC.					
<b>Principal Place of Business</b> 301 SOUTH BRONOUGH ST. SUITE 300 TALLAHASSEE, FL 32301			<b>Mailing Address</b> P.O. BOX 1757 TALLAHASSEE, FL 32302		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3233397	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  TIPTON, LYNN 301 SOUTH BRONOUGH STREET SUITE 300 TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> BRANGACCIO, PAMELA	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 18500 MURDOCK 5TH FLOOR	PORT CHARLOTTE, FL 339481084		<b>STREET ADDRESS</b> 310 W. 6TH ST.	PANAMA CITY FL 32401	
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> D	<b>NAME</b> LEY, JAMES	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1660 RINGING BLVD. 2ND FLOOR	SARASOTA, FL 34236		<b>STREET ADDRESS</b> 210 SAMS AVE	NEW SMYRNA BEACH FL 32168	
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> STD	<b>NAME</b> WHITSON, WILLIAM	<input type="checkbox"/> Delete	<b>TITLE</b> D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1000 CITY CENTER CR	PORT ORANGE, FL 32129		<b>STREET ADDRESS</b> 		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> PED	<b>NAME</b> HAMMONS, KENNETH	<input type="checkbox"/> Delete	<b>TITLE</b> D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 9 HARRISON AVE.	PANAMA CITY, FL 324021880		<b>STREET ADDRESS</b> 		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> D	<b>NAME</b> FELDMAN, LEE	<input type="checkbox"/> Delete	<b>TITLE</b> DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 120 MALABAR RD SE	PALM BAY, FL 32907		<b>STREET ADDRESS</b> 		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> PPD	<b>NAME</b> HOLLEY, CHRITOPHER	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1804 LEWIS TURNER BLVD, STE 400	FORT WALTON BEACH, FL 32547		<b>STREET ADDRESS</b> 1672 S. RIDGEWOOD AVE.	SOUTH DAYTONA FL 32119	
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Pamela O. Brangaccio</i>			2/21/05 850-784-4015		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					