
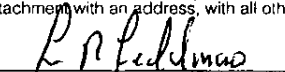


FILED
Apr 23, 2007 8:00 am
Secretary of State

90012-

DOCUMENT # N94000001027						04-23-2007 90066 012 ****61.25			
1. Entity Name FLORIDA CITY AND COUNTY MANAGEMENT FOUNDATION, INC.									
Principal Place of Business 301 SOUTH BRONOUGH ST. SUITE 300 TALLAHASSEE, FL 32301				Mailing Address P.O. BOX 1757 TALLAHASSEE, FL 32302					
2. Principal Place of Business - No P.O. Box #				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
TIPTON, LYNN 301 SOUTH BRONOUGH STREET SUITE 300 TALLAHASSEE, FL 32301				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		FL Zip Code			
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.									
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		D		TITLE					
NAME		LIPSCOMB, BARBARA W		NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		200 EAST UNIVERSITY AVE		STREET ADDRESS					
CITY-ST-ZIP		GAINESVILLE, FL 32602		CITY-ST-ZIP					
TITLE		DST		TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		MITCHELL, EDWARD		NAME					
STREET ADDRESS		200 2ND ST		STREET ADDRESS					
CITY-ST-ZIP		WEST PALM BEACH, FL 33402		CITY-ST-ZIP					
TITLE		PED		TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		WHITSON, WILLIAM		NAME					
STREET ADDRESS		1000 CITY CENTER CR		STREET ADDRESS					
CITY-ST-ZIP		PORT ORANGE, FL 32129		CITY-ST-ZIP					
TITLE		PD		TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		HAMMONS, KENNETH		NAME					
STREET ADDRESS		9 HARRISON AVE.		STREET ADDRESS					
CITY-ST-ZIP		PANAMA CITY, FL 324021880		CITY-ST-ZIP					
TITLE		D		TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		FELDMAN, LEE		NAME					
STREET ADDRESS		120 MALABAR RD SE		STREET ADDRESS					
CITY-ST-ZIP		PALM BAY, FL 32907		CITY-ST-ZIP					
TITLE		D		TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		KLEMAN, DANIEL A		NAME					
STREET ADDRESS		117 WEST DUVAL ST		STREET ADDRESS					
CITY-ST-ZIP		JACKSONVILLE, FL 32202		CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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									
SIGNATURE:  LEE R. FELDMAN				3/19/07		(321) 952-3413			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #			