2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9400001027 1. Entity Name FLORIDA CITY AND COUNTY MANAGEMENT FOUNDATION, INC.				0 4 1 1 1	14-23-2007 900	066 012 ****6	51.25
Principal Place of Business 301 SOUTH BRONOUGH ST. SUITE 300 TALLAHASSEE, FL 32301 Mailing Address P.O. BOX 1757 TALLAHASSEE, FL 32302						? 	
2. Principal F	Place of Business - No P.O. Box # 3. N	lailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03142007 Ch	g-NP CF	R2E037 (12/06)	
City & State		City & State		4. FEI Number 59-323339	7	 -	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add	
	6. Name and Address of Current Registe	red Agent		7. Name and Addr	ess of New Regist	ered Agent	
TIDTON I	VNINI		Name				
SUITE 300	TH BRONOUGH STREET)		Street Addres	ss (P.O. Box Number is N	fot Acceptable)		
IALLADA	SSEE, FL 32301						
			City			FL Zip Cod	е
8. The above the obligat	named entity submits this statement for the putions of registered agent.	rpose of changing its re	gistered office or regis	stered agent, or both, in t	he State of Florida.	I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	NOTE OF					<u></u>
	organists. typos or printed have or registered again and also a	IDDIICADIE. (NOTE: H	legistered Agent signature requ	uired when reinstating)	1	DATE	
	Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Camp: Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Make o	check payable to Department of St	
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be	Make o Florida D	check payable to department of Si	tate
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cor	aign Financing ntribution.	\$5.00 May Be Added to Fees	Make o Florida D	check payable to department of Si	tate
	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRECTOR D LIPSCOMB, BARBARA W	9. Election Camp Trust Fund Cor	aign Financing ntribution. 11.	\$5.00 May Be Added to Fees	Make o Florida D	check payable to department of SI	tate
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12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07

(32)) 95 2-3413 Daytime Phone #