

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005610

FILED
Feb 25, 2005
Secretary of State

Entity Name: GOVERNOR'S HURRICANE CONFERENCE, INC.

Current Principal Place of Business:

1711 AVOCA DR.
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 279
TARPON SPRINGS, FL 346880279 US

New Mailing Address:

FEI Number: 65-0533961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAINES, LYNN
1711 AVOCA DR.
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: JOYNER, HAROLD R
Address: 2555 SHUMMARD OAK BLVD
City-St-Zip: TALLAHASSEE, FL 323992100

Title: VP () Delete
Name: RAINEY, EVE
Address: 2555 SHUMMARD OAK BLVD
City-St-Zip: TALLAHASSEE, FL 323992100

Title: D () Delete
Name: WILSON, JOHN
Address: PO BOX 398
City-St-Zip: FT. MYERS, FL 33902

Title: D () Delete
Name: FITZGERALD, JOHN
Address: 9165 PARK DRIVE
City-St-Zip: MIAMI SHORES, FL 33138

Title: P () Delete
Name: BAKER, MICHELE
Address: 8744 GOVERNMENT DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: EVP () Delete
Name: DAINES, LYNN
Address: 1711 AVOCA DR.
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WILSON, JOHN
Address: PO BOX 398
City-St-Zip: FT. MYERS, FL 33902

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN DAINES

EVP

02/25/2005

Electronic Signature of Signing Officer or Director

Date