

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N95000000036**

1. Entity Name  
**FLORIDA ADVISORY COUNCIL, INC.**



**FILED**

**04 JAN 14 AM 8:45**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



01062004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0542858**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ST JOHN, GREGORY  
2601 S. BAYSHORE DRIVE  
SUITE 1600  
MIAMI, FL 33133**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☐ Delete  
NAME **ADORNO, HENRY N**  
STREET ADDRESS **2601 S BAYSHORE DR SUITE 1600**  
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Change ☐ Addition  
NAME **700028314057**  
STREET ADDRESS **02/06/04--01006--004 \*\*61.25**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **GUERRA, PHIL**  
STREET ADDRESS **2601 S BAYSHORE DR SUITE 1600**  
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **ST JOHN, GREGORY**  
STREET ADDRESS **2601 S BAYSHORE DR SUITE 1600**  
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **YOSS, GEORGE T.**  
STREET ADDRESS **2601 S BAYSHORE DRIVE #1600**  
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:** *Phil Guerra* **Phil Guerra, Trustee 1/7/04 (305)858-5555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #