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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAY -7 PM 10:15

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DOCUMENT # N96000001764

1. Corporation Name
~~THE CHILDREN'S INITIATIVE, INC.~~
The LawtonChiles Foundation, INC.

Principal Place of Business
~~P.O. BOX 00~~ 7193 Ox Bow Circle
TALLAHASSEE FL ~~32302-0066~~ 32312
US

Mailing Address
~~P.O. BOX 10~~ P.O. Box 710
TALLAHASSEE FL 32302-0066
US

[redacted]

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/02/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3400148 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ORR, KIM
2930 WOODSIDE DRIVE
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Kimberly Orr DATE 1-14-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D President (change) / CHILES, LAWTON (BUD) III. / ~~P.O. BOX 00 N/A~~ 7193 Ox Bow Circle / ~~TALLAHASSEE FL 32302-0066~~ Tallahassee, FL 32312	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Chairman ☐ DELETE / CHILES, RHEA / ~~P.O. BOX 00 N/A~~ 7193 Ox Bow Circle / ~~TALLAHASSEE FL 32302-0066~~ Tallahassee 32312	2.1 TITLE D / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Chairperson ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Vice President ☐ DELETE / ORR, KIM / ~~P.O. BOX 00 N/A~~ 2930 Woodside Drive / TALLAHASSEE FL ~~32302-0066~~ 32312	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME D / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Lawton "Bud" Chiles III President ☐ Change ☒ Addition ~~P.O. Box 10~~ 7193 Ox Bow Circle Tallahassee, FL ~~32302-0066~~ 32312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE D / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Secretary ☐ Change ☒ Addition EO Chiles ~~P.O. Box 10~~ 7193 Ox Bow Circle Tallahassee, FL ~~32302-0066~~ 32312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lawton Chiles SIGNATURE REQUIRED DATE 1-14-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #