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NONPROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

**FILED** 

May 09 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600002069 (0) 1. Corporation Name

## FLORIDA COURT CLERKS FOUNDATION, INC.

Principal Place of Business  Malling Address  3375 CAPITAL CIRCLE NE SUITE 1 TALLAHASSEE FL 32308  TALLAHASSEE FL 32308  2. Principal Place of Business  3. Date Incorporated or Qualified OA/17/1996  4. FEI Number  3. Date Incorporated or Qualified OA/17/1996  4. FEI Number  5. Certificate of Status Desired  6. Election Campaign Financing  7. The Number  7. Pursuant to the provisions of Current Registered Agent  10. Name	d For opplicable titonal red 98ees 9.032,
SUITE I TALLAHASSEE FL 32308  TALLAHASSEE FL 32308  2. Principal Place of Business  2a. Mailing Address 25 26 3. Date Incorporated or Qualified 04/17/1996  34. FEI Number Applied Not App	d For opplicable titonal red 98ees 9.032,
TALLAHASSEE FL 32308  TALLAHASSEE FL 32308-1532  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified Q4/17/1996  4. FEI Number 51-3403560 Not Applied Not Applied Status Applied Not Applied Not Applied Not Applied Status Applied Not Applied Not Applied Status Applied Not Applied Not Applied Status Applied Not Applied Not Applied Status Applied Not Applied Status Applied Not Appli	d For opplicable titonal red 98ees 9.032,
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28 Suite, Apt. #, etc.  29 Suite, Apt. #, etc.  21 City & State  City & State  Country  28 Country  29 Country  29 Stip  Country  29 Stip  Country  20 Stip  Country  20 Stip  Country  21 Stip  Country  22 Stip  Country  25 Stip  29 Stip  Country  30 Stip  Stip  Country  40 Statutes  Florida Statutes	oplicable titional red y Be sees 9.032,
Suite, Apt. #, etc.    Suite, Apt. #, etc.	tional red y Be ses 9.032,
27 City & State Country Cip Country Zip Country Zip Country Sinis corporation has liability for intangible tax under s. 199 Florida Statutes Yes No No  9. Name and Address of Current Registered Agent Name  BAGGETT, FRED W 101 E. COLLEGE AVE. TALLAHASSEE FL 32301  81 City Fix City Fix City Country Sinis Corporation has liability for intangible tax under s. 199 Florida Statutes Yes No No Street Address of New Registered Agent  10. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  83 City Fix City Fix Sizip Code Fix City Fix Country Fix Sizip Code Fix City Fix Country Fix Co	red y Be ees 9.032,
28 Trust Fund Contribution Added to Fe  Zip Country Zip Country  28 Trust Fund Contribution Added to Fe  8. This corporation has liability for Intangible tax under s. 199  Florida Statutes Yes No  9. Name and Address of Current Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  10. Name and Address of New Registered Agent  83 Street Address (P.O. Box Number is Not Acceptable)  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 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 received.	9.032, e
Zip Country Zip Country Sip Country Sip Country Sip Country Sip	9.032, e
24 25 29 30 Florida Statutes Yes No  9. Name and Address of Current Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  10. Local Ege AVE.  TALLAHASSEE FL 32301  84 City  FL 85 Zip Code  17. 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 regording 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 recording to the purpose of the purpose of the appointment as recording to the purpose of the purpos	6
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  10. Let College Ave.  10. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  83 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 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 report	
BAGGETT, FRED W  101 E. COLLEGE AVE. TALLAHASSEE FL 32301  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 recording 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 recording to the corporation of the purpose of changing its recording to the corporation of the purpose of changing its recording to the corporation of the purpose of changing its recording to the corporation of the purpose of changing its recording to the corporation of the purpose of changing its recording to the corporation of the purpose of changing its recording to the purpose of changing its recording to the purpose of changing its recording to the purpose of the purpose of changing its recording to the purpose of the purp	
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	stered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	J 12
	Addition
NAME BAZZEL, HAROLD 1.2 NAME	
SIREET ADDRESS 300 E. 4TH ST. 1.3 STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL 32401 1.4 CITY-ST-ZIP	
TILE D DELETE 2.1 TITLE Change	Addition
NAME KING, CATHERINE 22 NAME	
STREET ADDRESS 100 E. NELSON AVE. 2.3 STREET ADDRESS	
CITY-ST-ZIP  DEFUNIAK SPRINGS FL 32433  2.4 CITY-ST-ZIP	
	Addition
NAME WATKINS, JAMES C 3.2 NAME	
STREET ADDRESS 550 W. MAIN ST. 3.3 STREET ADDRESS	
CITY-ST-ZIP	Ladres
	Addition
NAME 4. 2 NAME	ļ
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP	Addition
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CITY-ST-2IP }	Addition
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14. If do 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 granged, or on an attachment with an address.