

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N96000002069 (0)**

1. Corporation Name

FLORIDA COURT CLERKS FOUNDATION, INC.

Principal Place of Business

3375 CAPITAL CIRCLE NE
SUITE 1
TALLAHASSEE FL 32308

Mailing Address

3375 CAPITAL CIRCLE NE
SUITE 1
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified

04/17/1996

4. FEI Number

59-3403560

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAGGETT, FRED W
101 E. COLLEGE AVE.
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D BAZZEL, HAROLD**
STREET ADDRESS **300 E. 4TH ST.**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE ☒ DELETE
NAME **D KING, CATHERINE**
STREET ADDRESS **100 E. NELSON AVE.**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☒ DELETE
NAME **D WATKINS, JAMES C**
STREET ADDRESS **550 W. MAIN ST.**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D John Keane**
1.3 STREET ADDRESS **825 N. Orange Ave**
1.4 CITY-ST-ZIP **Green Cove Sprgs, FL 32043**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D Ricky Lyons**
2.3 STREET ADDRESS **Corner of SR51 + SR20**
2.4 CITY-ST-ZIP **Mayo, FL 32066**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D JoAnne Holman**
3.3 STREET ADDRESS **2300 VIRGINIA Ave.**
3.4 CITY-ST-ZIP **St. Pierre, FL 34982**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

Sandra B. Mortham

1-26-98 856-921-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000000

CR2E037 (10/97)