

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90299 001 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000002069			
1. Corporation Name FLORIDA COURT CLERKS FOUNDATION, INC.			
Principal Place of Business 3375 CAPITAL CIRCLE NE SUITE I TALLAHASSEE FL 32308		Mailing Address 3375 CAPITAL CIRCLE NE SUITE I TALLAHASSEE FL 32308	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 04/17/1996		4. FEI Number 59-3403560	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BAGGETT, FRED W 101 E. COLLEGE AVE. TALLAHASSEE FL 32301		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 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 12	
TITLE D NAME BAZZEL, HAROLD STREET ADDRESS 300 E. 4TH ST. CITY-ST-ZIP PANAMA CITY FL 32401		1.1 TITLE 1.2 NAME Barbara T. Scott 1.3 STREET ADDRESS 116 West Olympia Ave. 1.4 CITY-ST-ZIP Punta Gorda, FL 33950	
TITLE D NAME KEENE, JOHN STREET ADDRESS 825 N. ORANGE AVE CITY-ST-ZIP GREEN COVE SPRINGS FL 32043		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE D NAME LYONS, RICKY STREET ADDRESS CONER OF SR 51 AND SR 20 CITY-ST-ZIP MAYO FL 32066		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE D NAME HOLMAN, JOANNE STREET ADDRESS 2300 VIRGINIA AVE CITY-ST-ZIP FT PIERCE FL 34982		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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)(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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99 850-747-5102  
Date Daytime Phone #

CR2E037 (11/98)