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**FILED**
**Mar 09, 1999 8:00 am**
**Secretary of State**
03-09-1999 90069 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

# DOCUMENT # N96000002729

1. Corporation Name
VOLUNTEER FLORIDA , INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 115 PROGRESS DR.<br>TALLAHASSEE FL 32304 | 115 PROGRESS DR.<br>TALLAHASSEE FL 32304 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>05/22/1996 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>31-1467424 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

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

SANGUILIANO, FREDERICK
115 PROGRESS DR
TALLAHASSEE FL 32304

**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 _____ DATE
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 | DC | ☐ DELETE | 1.1 TITLE | DIRECTOR | ☐ Change ☒ Addition |
| NAME | BRENNER, MELANIE | | 1.2 NAME | BISHOP, BARNEY T. III | |
| STREET ADDRESS | 200 2ND ST. | | 1.3 STREET ADDRESS | 501 E. TENNESSEE ST. | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | | 1.4 CITY-ST-ZIP | TALLAHASSEE, FL. 32308 | |
| TITLE | DVC | ☐ DELETE | 2.1 TITLE | DIRECTOR | ☐ Change ☒ Addition |
| NAME | GERWENS, JOSEPH C | | 2.2 NAME | BOSTIC, DON | |
| STREET ADDRESS | 2601 WEST BROWARD BLVD. | | 2.3 STREET ADDRESS | 3001 S. COLLEGE RD. | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33312 | | 2.4 CITY-ST-ZIP | OCALA, FL 34474 | |
| TITLE | DT | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LACKMAN, GEORGE JR | | 3.2 NAME | | |
| STREET ADDRESS | FIRST UNION NB, 100 S. ASHLEY DR., STE1000 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33602 | | 3.4 CITY-ST-ZIP | | |
| TITLE | DS | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SHIMBERG, JIM JR | | 4.2 NAME | | |
| STREET ADDRESS | P.O. BOX 1288 N/A | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33601 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FINE, PAT | | 5.2 NAME | | |
| STREET ADDRESS | 58 SAMANA DR. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33133 | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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] **REQUIRED** 3/25/99 850-921-5172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #