

FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **NA70000000650**
1. Corporation Name
FLORIDA COALITION FOR COMPETITION, INC.

Principal Place of Business 2020 Apalachee Parkway Suite 110 Tallahassee, FL 32301	Mailing Address 2020 Apalachee Parkway Suite 110 Tallahassee, FL 32301
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3. Date Incorporated or Qualified February 5, 1997
4. FEI Number 59-341-9070
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 14301 N. Meridian Road Suite, Apt. #, etc.	2a. Mailing Address 26 14301 N. Meridian Road Suite, Apt. #, etc.
City & State 23 Tallahassee, FL	City & State 28 Tallahassee, FL
Zip 24 32312	Zip 29 32312
Country 25 USA	Country 30 USA

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Kathleen Gayhart
2020 Apalachee Parkway
Suite 110
Tallahassee, FL 32301**

81 Name Kathleen Butler
82 Street Address (P.O. Box Number is Not Acceptable) 14301 N. Meridian Road
83
84 City Tallahassee
FL 85 Zip Code 32312

11. Pursuant to the provisions of Sections 617.0302 and 617.1503, Florida Statutes, the above-named corporation admits this statement for the purpose of changing its registered office or registered agent 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 Agent

Signature Typed or Printed Name of Agent

11/12/98

12. OFFICERS AND DIRECTORS

TITLE Director	<input checked="" type="checkbox"/> DELETE
NAME Kathleen Gayhart	
STREET ADDRESS 2020 Apalachee Parkway, Ste. 110	
CITY-ST-ZIP Tallahassee, Florida 32301	
TITLE Director	<input checked="" type="checkbox"/> DELETE
NAME Kenneth W. Walton	
STREET ADDRESS 2020 Apalachee Parkway, Ste. 110	
CITY-ST-ZIP Tallahassee, Florida 32301	
TITLE Director	<input checked="" type="checkbox"/> DELETE
NAME Rob Feliciano	
STREET ADDRESS 6778 Via Regina	
CITY-ST-ZIP Boca Raton, Florida 33433	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Jack P. Spooner, Jr.	
1.3 STREET ADDRESS 14301 N. Meridian Road	
1.4 CITY-ST-ZIP Tallahassee, Florida 32312	
2.1 TITLE Vice-President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Vincent T. Kudla	
2.3 STREET ADDRESS 9844 Baybora Bridge Drive	
2.4 CITY-ST-ZIP Tampa, Florida 33626	
3.1 TITLE T, S and D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Tracie P. Kudla	
3.3 STREET ADDRESS 9844 Baybora Bridge Drive	
3.4 CITY-ST-ZIP Tampa, Florida 33626	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/98

Date

(850) 878-3293

Daytime Phone #

CR2E037 (10/97)