

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90044 048 ****61.25

DOCUMENT # N97000003675

1. Corporation Name

FLORIDA PUBLIC FINANCE FORUM, INC.

Principal Place of Business

**2308 TOUR EIFFEL DRIVE
TALLAHASSEE FL 32308**

Mailing Address

**2308 TOUR EIFFEL DRIVE
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

07/01/1997

4. FEI Number

59-3458593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**DOWDY, RICHARD C
2308 TOUR EIFFEL DRIVE
TALLAHASSEE FL 32308**

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

TITLE ☐ DELETE
NAME **AVC**
STREET ADDRESS **ALLEN, PHILLIP C**
CITY-ST-ZIP **115 S. ANDREWS AVE. ROOM 121
FT. LAUDERDALE FL 33301**

TITLE ☐ DELETE
NAME **TC**
STREET ADDRESS **INZER, ROBERT B**
CITY-ST-ZIP **300 S. ADAMS ST.
TALLAHASSEE FL 32301**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LEIGH, SUSAN J**
CITY-ST-ZIP **227 N. BRONOUGH ST. STE. 5000
TALLAHASSEE FL 32301-1329**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **WINTERKAMP, FRED M**
CITY-ST-ZIP **445 W. AMELIA ST. ELC4
ORLANDO FL 32801**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MERRILL, MICHAEL S**
CITY-ST-ZIP **601 E. KENNEDY BLVD. 26TH FLOOR
TAMPA FL 33602**

TITLE ☐ DELETE
NAME **SVP**
STREET ADDRESS **OWENS, MITCHELL N**
CITY-ST-ZIP **ONE INDEPENDENT DR. STE. 2502
JACKSONVILLE FL 32202**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **CHAD**
1.3 STREET ADDRESS **J. Ben Watkins, III**
1.4 CITY-ST-ZIP **1801 Heritage Blvd.
Tallahassee, FL 32308**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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)(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

Richard C. Dowdy
Registered Agent

5-1-99

850-878-1874

CR2E037 (11/98)