


FILE NOW: FILING FEE IS \$61.25

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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005083 (7)**

1. Corporation Name

AAF CAMPAIGN CONTRIBUTION COMMITTEE, INC.



Principal Place of Business 1349 E. LAFAYETTE STREET TALLAHASSEE FL 32301	Mailing Address 1349 E. LAFAYETTE STREET TALLAHASSEE FL 32301
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3. Date Incorporated or Qualified 09/08/1997	
4. FEI Number 59-1877381	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1710 S. Gadsden St. Suite, Apt. #, etc. 22	2a. Mailing Address 26 1710 S. Gadsden St. Suite, Apt. #, etc. 27
City & State 23 Tallahassee, FL	City & State 28 Tallahassee, FL
Zip 24 32301	Country 25 USA
Zip 29 32301	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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent BURK, JUDE A 1349 E. LAFAYETTE STREET TALLAHASSEE FL 32301	
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10. Name and Address of New Registered Agent 81 Name Crum, Edie M. 82 Street Address (P.O. Box Number is Not Acceptable) 1710 S. Gadsden St. 83 84 City Tallahassee FL 85 Zip Code 32301	
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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 *Edie M. Crum* **Edie M. Crum** **4/30/98**
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	<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	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD Nims, David
1.3 STREET ADDRESS	420 Duval St
1.4 CITY-ST-ZIP	Tallahassee, FL 32301
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	UD Pollack, Roy
2.3 STREET ADDRESS	206 NE 3rd St
2.4 CITY-ST-ZIP	Boynton Beach, FL 33435
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD Thaley, Jr. Clyde
3.3 STREET ADDRESS	675 Oleander Dr.
3.4 CITY-ST-ZIP	Merritt Island, FL 32952
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SP Vauchler, Ray
4.3 STREET ADDRESS	4900 Seminole Blvd
4.4 CITY-ST-ZIP	St. Petersburg, FL 33708
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Edie M. Crum* **Edie M. Crum** **4/30/98** **(850) 521-0333**

CR2E037 (10/97)