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Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005196 (7)

1. Corporation Name

FLORIDA GOVERNMENT FINANCE OFFICERS EDUCATIONAL  
FOUNDATION, INC.

Principal Place of Business

Mailing Address

201 WEST PARK AVENUE  
TALLAHASSEE FL 32302

201 WEST PARK AVENUE  
TALLAHASSEE FL 32302

3. Date Incorporated or Qualified

09/12/1997

4. FEI Number

59-3470788

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MADDEN, MICHAEL  
201 WEST PARK AVENUE  
TALLAHASSEE FL 32302

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

*Michael S. Madden*

1/8/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President (D) ☐ DELETE  
NAME William F. Underwood  
STREET ADDRESS 121 S.W. Flagler Ave  
CITY-ST-ZIP Stuart, FL 34994-2172

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE Secretary-Treasurer (D) ☐ DELETE  
NAME Jim Moya  
STREET ADDRESS 201 S. Roseland Ave.  
CITY-ST-ZIP Orlando, FL

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

TITLE Director (D) ☐ DELETE  
NAME Debbie Deborah Girard  
STREET ADDRESS 601 E. Kennedy Blvd. 12th Floor  
CITY-ST-ZIP Tampa, FL 33602

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

TITLE Vice-President (D) ☐ DELETE  
NAME Beryl Davis  
STREET ADDRESS 400 S. Orange Ave  
CITY-ST-ZIP Orlando, FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE Director (D) ☐ DELETE  
NAME Albert Wiggins  
STREET ADDRESS 3650 N.E. 12th Ave  
CITY-ST-ZIP Oakland Park, FL 33334

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

*W. F. Underwood*

1-14-98

CP2E037 (10/97)