

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 13, 1999 8:00 am
Secretary of State

04-13-1999 90006 030 ****61.25

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1. Corporation Name

FLORIDA GOVERNMENT FINANCE OFFICERS EDUCATIONAL
FOUNDATION, INC.

Principal Place of Business

301 So. Bronough St.
Tallahassee, FL 32301

Mailing Address

301 So. Bronough St.
Tallahassee, FL 32301

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

9/12/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3470788

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MADDEN, MICHAEL
301 So. Bronough St.
Tallahassee, FL 32301

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)

3/31/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME UNDERWOOD, WILLIAM F.

STREET ADDRESS 121 S.W. Flagler Ave

CITY-ST-ZIP Stuart, FL 34994-2172

TITLE ☐ DELETE

NAME MOYE, JIM

STREET ADDRESS 201 So. Rosalind Ave

CITY-ST-ZIP Orlando, FL 32802

TITLE ☐ DELETE

NAME GIRARD, DEBORAH D.

STREET ADDRESS 419 Pierce St.

CITY-ST-ZIP Tampa, FL 33602

TITLE ☐ DELETE

NAME CORAM, RICHARD M.

STREET ADDRESS 142 30th Ave

CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE ☐ DELETE

NAME WRAINS, ELBERT

STREET ADDRESS 3650 NE 12th Ave

CITY-ST-ZIP Oakland Park, FL 33334

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

Date

561-288-5310

Daytime Phone #

CR2E037-(11/98)