

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000001440

1. Corporation Name

THEODORE ROOSEVELT SOCIETY, INC.

Principal Place of Business

719 N. CALHOUN ST.
TALLAHASSEE FL 32303

Mailing Address

719 N. CALHOUN ST.
TALLAHASSEE FL 32303



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 P.O. Box 10761	03/09/1998
22 City & State	27 Suite, Apt. #, etc.	4. FEI Number
23 Zip	28 Tallahassee, FL	59-3506356
24 Country	29 32302	Applied For
	30 USA	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
BEN J. HAYES, P.A. 1162 36TH AVE. NE ST. PETERSBURG FL 33704		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S. Curtis Kiser	12 NAME	800002874738--E
STREET ADDRESS	315 South Calhoun St., Suite 600	13 STREET ADDRESS	-05/13/99--01115--022
CITY-ST-ZIP	Tallahassee, FL 32301	14 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	V/O	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thom Rumberger	22 NAME	
STREET ADDRESS	P.O. Box 1873	23 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32802	24 CITY-ST-ZIP	
TITLE	S/T/P	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Harvey	32 NAME	
STREET ADDRESS	250 Australian Ave., South	33 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33401	34 CITY-ST-ZIP	
TITLE	O	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eric J. Eikenberg	42 NAME	
STREET ADDRESS	603 E. Call St.	43 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32301	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 relative 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:

Eric J. Eikenberg

May 6, 1999

(850) 222-7929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)