FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

MAY 6 11:13

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DOCUMENT # **N98000001440**

1. Corporation Name
THEODORE ROOSEVELT SOCIETY, INC.

Principal Place of Business	Mailing Address
719 N. CALHOUN ST. TALLAHASSEE FL 32303	719 N. CALHOUN ST. TALLAHASSEE FL 32303

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 10761	3. Date Incorporated or Qualified 03/09/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3506356 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Tallahassee, FL	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 / Country 25	Zip 29 32302 / Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BEN J. HAYES, P.A.
1162 36TH AVE. NE
ST. PETERSBURG FL 33704

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D S. Curtis Kiser 315 South Calhoun St., Suite 600 Tallahassee, FL 32301 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition 800002874738---6 -05/13/99--01115--022 *****70.00 *****70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/P Thom Rumberger P.O. Box 1873 Orlando, FL 32802 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/P James Harvey 250 Australian Ave., South West Palm Beach, FL 33401 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Eric J. Eikenberg 603 E. Call St. Tallahassee, FL 32301 ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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: _____ Eric J. Eikenberg May 6, 1999 (850)222-7929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #