

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
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90049 033 ****61.25

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DOCUMENT # N98000005202

1. Corporation Name

**FLORIDA MINERALS ASSOCIATION LEGISLATIVE FUND, I
NC.**

Principal Place of Business

1101 N MADISON STREET
QUINCY FL 32351

Mailing Address

1101 N MADISON STREET
QUINCY FL 32351



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/11/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3538053

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 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

WILLIAMS, DAVID C
1101 N MADISON STREET
QUINCY FL 32351

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

David C. Williams

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D WILLIAMS, DAVID C**
STREET ADDRESS **1101 N MADISON STREET**
CITY-ST-ZIP **QUINCY FL 32351**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D SLOANE, GRAEME**
STREET ADDRESS **1223 WARNER ROAD**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043-4623**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D BATT, MIKE**
STREET ADDRESS **2916 E PARK AVE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D CUMBA, ROSEMARY**
STREET ADDRESS **P.O. BOX 753**
CITY-ST-ZIP **STARKE FL 32091**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D MONDRON, ROBERT**
STREET ADDRESS **1130 DADE STREET**
CITY-ST-ZIP **QUINCY FL 32351**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D HARRIS, C T JR**
STREET ADDRESS **9411 DEEPSTEP ROAD**
CITY-ST-ZIP **SANDERSVILLE GA 31082**

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D HARRIS, C T JR**
STREET ADDRESS **9411 DEEPSTEP ROAD**
CITY-ST-ZIP **SANDERSVILLE GA 31082**

2.3 STREET ADDRESS ☐ Change ☐ Addition

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3.1 TITLE ☐ Change ☐ Addition

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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:

Michael B. Batts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99

Date

850/878-3331

Daytime Phone #

CR2E037 (11/98)