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Feb 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mertham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 744396 (3)

1. Corporation Name

FLORIDA LOCAL GOVERNMENT INFORMATION SYSTEMS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4075 LEWIS SPEEDWAY  
STE 1  
ST AUGUSTINE FL 32095  
US

4075 LEWIS SPEEDWAY  
STE 1  
ST AUGUSTINE FL 32095-8611  
US

3. Date Incorporated or Qualified  
09/26/1978

3a. Date of Last Report  
07/08/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-1894353

Applied For  
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEAVER, LUDY  
4075 LEWIS SPEEDWAY  
STE 1  
ST AUGUSTINE FL 32095

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 VPD  DELETE  
NAME MURPHY, PAUL  
STREET ADDRESS 100 EAST PINE ST  
CITY-ST-ZIP ORLANDO FL

1.1 TITLE PD  Change  Addition  
1.2 NAME MURPHY, PAUL  
1.3 STREET ADDRESS 390 W. ORANGE AVE  
1.4 CITY-ST-ZIP ORLANDO, FL 32802

TITLE TD  DELETE  
NAME VALLEY, CASSANDRA  
STREET ADDRESS 750 MILWAUKEE AVE  
CITY-ST-ZIP DUNEDIN FL

2.1 TITLE TD  Change  Addition  
2.2 NAME ~~LUDY~~ BEAVER, LUDY  
2.3 STREET ADDRESS 4075 LEWIS SPEEDWAY  
2.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32095

TITLE PD  DELETE  
NAME BEAVER, LUDY  
STREET ADDRESS 4075 LEWIS SPEEDWAY  
CITY-ST-ZIP ST. AUGUSTINE FL

3.1 TITLE VPD  Change  Addition  
3.2 NAME MARY SCOTT, MARY  
3.3 STREET ADDRESS P.O. BOX 1088  
3.4 CITY-ST-ZIP SARASOTA, FL 34230 N/A

TITLE SD  DELETE  
NAME CROOK, LAURA G.  
STREET ADDRESS 10 S. MISSOURI AVE.  
CITY-ST-ZIP CLEARWATER FL

4.1 TITLE SD  Change  Addition  
4.2 NAME CROOK, LAURA G.  
4.3 STREET ADDRESS 10 S MISSOURI AVE  
4.4 CITY-ST-ZIP Clearwater, FL 34618

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 do 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:

Ludy Beaver LUDY BEAVER

1-2-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0001661

CR2E037 (9/96)