

FILE NOW: FILING FEE IS \$61.25

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90001 002 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 744396

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
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

09/26/1978

22 City & State

27 City & State

4. FEI Number
59-1894353

Applied For
Not Applicable

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

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

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 PD
NAME MURPHY, PAUL DELETE
STREET ADDRESS 390 N ORANGE AVE
CITY-ST-ZIP ORLANDO FL

1.1 TITLE PD
1.2 NAME FRANKLIN R. HAGY
1.3 STREET ADDRESS 400 S. Orange Ave
1.4 CITY-ST-ZIP ORLANDO, FL 32801 Change Addition

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

2.1 TITLE TD
2.2 NAME Muslim A. Gadiwalla
2.3 STREET ADDRESS One 4th Street N
2.4 CITY-ST-ZIP St Petersburg FL 33701 Change Addition

TITLE VPD
NAME SCOTT, MARY DELETE
STREET ADDRESS P.O BOX 1058 N/A
CITY-ST-ZIP SARASOTA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Change Addition

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

4.1 TITLE SD
4.2 NAME WYNNIS B. KEOROC Change Addition
4.3 STREET ADDRESS 36 SD NE 12 AVE
4.4 CITY-ST-ZIP OAKLAND PARK FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP Change Addition

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 REQUIRED

[Signature] 4/29/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)