2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# N03000004490

Entity Name: FLORIDA ASSOCIATION OF COUNTY ENGINEERS AND ROAD SUPERINTENDENTS, INC.

Current Principal Place of Business:

7000 FLORIDA STREET
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

7000 FLORIDA STREET
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 05-0576375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORDON, ROBERT R
11404 SUNCREEK PLACE
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BARNES, BRIAN	
Address:	7000 FLORIDA STREET	
City-St-Zip:	PUNTA GORDA, FL 33950 US	
Title:	VP	( ) Delete
Name:	SLATERPRYCE, DANIELLE E	
Address:	1759 S FERDON BOULEVARD	
City-St-Zip:	CRESTVIEW, FL 32536 US	
Title:	S	( ) Delete
Name:	SCHNEIDER, FREDERICK J	
Address:	437 ARDICE AVENUE	
City-St-Zip:	EUSTIS, FL 32726	
Title:	T	( ) Delete
Name:	BERTRAN, HECTOR	
Address:	4200 S JOHN YOUNG PARKWAY	
City-St-Zip:	ORLANDO, FL 32839	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR BERTRAN T 03/19/2009

Electronic Signature of Signing Officer or Director — Date