

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90041 049 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000004668**

1. Corporation Name  
**FLORIDA ASSOCIATION OF COUNTY SOCIAL SERVICE EXECUTIVES, INC.**

Principal Place of Business 100 SOUTH MONROE STREET TALLAHASSEE FL 32302	Mailing Address 100 SOUTH MONROE STREET TALLAHASSEE FL 32302
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ISSUED 5 4 2 1 8  
 542199-90328-17



2. Principal Place of Business 21 100 S. Monroe St. Suite, Apt. #, etc.	2a. Mailing Address 26 100 S. Monroe St. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/10/1998
22 City & State 23 Tallahassee, FL Zip 24 32301 Country 25	27 City & State 28 Tallahassee, FL Zip 29 32301 Country 30	4. FEI Number 59-3527802 <input checked="" type="checkbox"/> Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent FLORIDA ASSOCIATION OF COUNTIES, INC. 100 SOUTH MONROE STREET TALLAHASSEE FL 32302	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 Leigh A. Root, Leigh Ann Root, FL Assoc of Counties, Dir. of Outreach Prog. DATE 1/25/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P (Director)
STREET ADDRESS		1.3 STREET ADDRESS	Cynthia C. Simpson
CITY-ST-ZIP		1.4 CITY-ST-ZIP	117 Martin Luther King Jr. Blvd. Stuart, FL 34994
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	P/E (Director)
STREET ADDRESS		2.3 STREET ADDRESS	Richard A. Jimison
CITY-ST-ZIP		2.4 CITY-ST-ZIP	1938 Laurel Street Sarasota, FL 34236-6924
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	T (Director)
STREET ADDRESS		3.3 STREET ADDRESS	Beth Ryder
CITY-ST-ZIP		3.4 CITY-ST-ZIP	435 North 7th Street Ft. Pierce, FL 34950
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	S (Director)
STREET ADDRESS		4.3 STREET ADDRESS	Royetta Runyon
CITY-ST-ZIP		4.4 CITY-ST-ZIP	8620 Galen Wilson Blvd. Port Richey, FL 34668-5972
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: BETH RYDER DATE 2/11/99 DAYTIME PHONE # 561-462-1777

CR2E037 (1/98)