

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004668

1. Entity Name

FLORIDA ASSOCIATION OF COUNTY SOCIAL SERVICE EXE

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90169 038 ****61.25

Principal Place of Business

Mailing Address

100 SOUTH MONROE STREET
 TALLAHASSEE FL 32302

100 SOUTH MONROE STREET
 TALLAHASSEE FL 32301-1530

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3527802

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA ASSOCIATION OF COUNTIES, INC.
 100 SOUTH MONROE STREET
 TALLAHASSEE FL 32302

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **SIMPSON, CYNTHIA C**
 STREET ADDRESS **117 MARTIN LUTHER KING JR BLVD**
 CITY-ST-ZIP **STUART FL 34994**

TITLE **PD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PE** Delete
 NAME **JIMISON, RICHARD**
 STREET ADDRESS **1938 LAUREL ST**
 CITY-ST-ZIP **SARASOTA FL 34336-6924**

TITLE **VD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RYDER, BETH**
 STREET ADDRESS **435 N 7TH ST**
 CITY-ST-ZIP **SARASOTA FL 34950**

TITLE **TD** Change Addition
 NAME **Ryder, Beth**
 STREET ADDRESS **437 N. 7th St.**
 CITY-ST-ZIP **Ft. Pierce, FL 34950**

TITLE **D** Delete
 NAME **RUNYON, ROYETTA**
 STREET ADDRESS **8620 GALEN WILSON BLVD**
 CITY-ST-ZIP **PT RICHEY FL 34668-5973**

TITLE **SD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA C SIMPSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-2000 (561)288-5641

Date

Daytime Phone #

CR2E037 (9/99)