

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 08, 2004  
Secretary of State**

DOCUMENT# N98000004668

Entity Name: FLORIDA ASSOCIATION OF COUNTY SOCIAL SERVICE EXECUTIVES, INC.

**Current Principal Place of Business:**

100 SOUTH MONROE STREET  
TALLAHASSEE, FL 32302

**New Principal Place of Business:**

**Current Mailing Address:**

100 SOUTH MONROE STREET  
TALLAHASSEE, FL 32302

**New Mailing Address:**

FEI Number: 59-3527802      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**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: SD ( ) Delete  
Name: MURRY, FREDERICK J  
Address: 115 S. ANDREWS AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: P ( ) Delete  
Name: RYDER, BETH  
Address: 437 N. 7TH ST.  
City-St-Zip: FT. PIERCE, FL 34950

Title: DVP ( ) Delete  
Name: WESTLEY, MARILYN  
Address: 150 WEST MAXWELL STREET  
City-St-Zip: PENSACOLA, FL 325011917

Title: DT ( ) Delete  
Name: SMITH, FLETCHER D  
Address: 315 WEST MAIN STREET  
City-St-Zip: TAVARES, FL 327787800

**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 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 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: FLETCHER D. SMITH

DT

02/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date