

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 13, 2007
Secretary of State**

DOCUMENT# N98000004668

Entity Name: FLORIDA ASSOCIATION OF COUNTY HUMAN SERVICES ADMINISTRATORS, 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 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: VP () Delete
Name: MURRY, FREDERICK J
Address: 115 S. ANDREWS AVENUE, A-370
City-St-Zip: FORT LAUDERDALE, FL 33301

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

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

Title: T () Delete
Name: WILLIAMS, BARRY
Address: 3301 EAST TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34112

Title: S (X) Delete
Name: RAGS, JEAN
Address: 20 NORTH MAIN STREET
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MEDLEY, DAVID
Address: 400 WEST AIRPORT BLVD.
City-St-Zip: SANFORD, FL 32773

Title: PP (X) Change () Addition
Name: MURRAY, FREDERICK J
Address: 115 S. ANDREWS AVENUE, A-370
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: P (X) Change () Addition
Name: RAGS, JEAN
Address: 20 N. MAIN STREET, ROOM 161
City-St-Zip: BROOKSVILLE, FL 34601

Title: T (X) Change () Addition
Name: TRACY, PAULINE
Address: 2200 RINGLING BLVD.
City-St-Zip: SARASOTA, FL 34237

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 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: JEAN RAGS

P

04/13/2007

Electronic Signature of Signing Officer or Director

_____ Date