

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004668

FILED
Mar 20, 2009
Secretary of State

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

Title: PP () Delete
Name: WESLEY, MARILYN
Address: 2257 N. BAYLEN STREET
City-St-Zip: PENSACOLA, FL 32501

Title: PE () Delete
Name: MEDLEY, DAVID
Address: 400 WEST AIRPORT BLVD.
City-St-Zip: SANFORD, FL 32773

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

Title: S (X) Delete
Name: TUCK, CLAUDIA
Address: 810 DATURA ST
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAWES, KAREN
Address: 2440 THOMPSON STREET
City-St-Zip: FT. MYERS, FL 34112

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

Title: T (X) Change () Addition
Name: TUCK, CLAUDIA
Address: 810 DATURA ST
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S (X) Change () Addition
Name: CRUMBY, MARCY
Address: 3301 E. TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34112

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: VIRGINIA S. DELEGAL, ESQ.

GC

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date