

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Mar 23, 2009
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: P () Delete
Name: HAWES, KAREN
Address: 2440 THOMPSON STREET
City-St-Zip: FT. MYERS, FL 34112Title: VP () Delete
Name: TRACY, PAULINE
Address: 2200 RINGLING BLVD.
City-St-Zip: SARASOTA, FL 34237Title: T () Delete
Name: TUCK, CLAUDIA
Address: 810 DATURA ST
City-St-Zip: WEST PALM BEACH, FL 33401Title: S () Delete
Name: CRUMBY, MARCY
Address: 3301 E. TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34112**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: S (X) Change () Addition
Name: KRUMBINE, MARCY
Address: 3301 E. TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34112

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: KAREN HAWES

P

03/23/2009

Electronic Signature of Signing Officer or Director_____
Date