


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90358 001 ****61.25

000015

DOCUMENT # N98000004668
1. Entity Name
FLORIDA ASSOCIATION OF COUNTY SOCIAL SERVICE EXECUTIVES, INC.



Principal Place of Business: **100 SOUTH MONROE STREET TALLAHASSEE FL 32302**
Mailing Address: **100 SOUTH MONROE STREET TALLAHASSEE FL 32302**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: _____
Zip: _____ Country: _____



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3527802** Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **FLORIDA ASSOCIATION OF COUNTIES, INC. 100 SOUTH MONROE STREET TALLAHASSEE FL 32302**
7. Name and Address of New Registered Agent: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: SD	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MURRY, FREDERICK J		NAME: _____	
STREET ADDRESS: 115 S. ANDREWS AVENUE		STREET ADDRESS: _____	
CITY-ST-ZIP: FORT LAUDERDALE FL 33301		CITY-ST-ZIP: _____	
TITLE: P	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RYDER, BETH		NAME: _____	
STREET ADDRESS: 437 N. 7TH ST.		STREET ADDRESS: _____	
CITY-ST-ZIP: FT. PIERCE FL 34950		CITY-ST-ZIP: _____	
TITLE: DVP	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WESTLEY, MARILYN		NAME: _____	
STREET ADDRESS: 150 WEST MAXWELL STREET		STREET ADDRESS: _____	
CITY-ST-ZIP: PENSACOLA FL 32501-1917		CITY-ST-ZIP: _____	
TITLE: DT	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SMITH, FLETCHER D		NAME: _____	
STREET ADDRESS: 315 WEST MAIN STREET		STREET ADDRESS: _____	
CITY-ST-ZIP: TAVARES FL 32778-7800		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		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: *[Signature]* **4/26/03 (352) 343-9630**

CR2E037 (10/02)