2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001849

FILED Jun 10, 2007 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF CADASTRAL MAPPERS, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O.BOX 807 2300 VIRGINIA AVENUE

TAVARES, FL 32778 US FORT PIERCE, FL 34982 US

Current Mailing Address: New Mailing Address:

P.O.BOX 807

TAVARES, FL 32778 US

FEI Number: 30-0096372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

COREY, MATHIS INGERSOLL, JOYCE

17150 ÓRANGE ST. 227 SW MAŃATEE SPRINGS WAY UMATILLA, FL 32784 US PORT ST. LUCIE, FL 34986 US

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: JOYCE INGERSOLL 06/10/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: T () Delete Title: T (X) Change () Addition

 Name:
 COREY, MATHIS
 Name:
 INGERSOLL, JOYCE

 Address:
 17150 ORANGE ST.
 Address:
 2300 VIRGINIA AVENUE

 City-St-Zip:
 UMATILLA, FL 32784
 City-St-Zip:
 FORT PIERCE, FL 34982

Title: S () Delete Title: S (X) Change () Addition

Name: CHUCK, HOLDEN Name: KALUS, MATT

Address: 200 S. ORANGE AVE. ORANGE CO. P/A Address: 200 S. ORANGE AVE. ORANGE CO. P/A

City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801

 $\label{eq:title: V () Delete Title: P (X) Change () Addition} \end{minipage}$

 Name:
 BAUMANN, ROSEMARY
 Name:
 BAUMANN, ROSEMARY

 Address:
 210 N. APOPKA AVE
 Address:
 210 N. APOPKA AVE

 City-St-Zip:
 INVERNESS, FL 34450
 City-St-Zip:
 INVERNESS, FL 34450

Title: P () Delete Title: V (X) Change () Addition

 Name:
 GERWIG, CHERYL
 Name:
 BAUSOLA, JOHN

 Address:
 115 S. ANDREWS AVE
 Address:
 2300 VIRGINIA AVENUE

 City-St-Zip:
 FT. LAUDERDALE, FL 33301
 City-St-Zip:
 FORT PIERCE, FL 34982

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: WENTWORTH, MICHAEL Name: BENTON, JOHN

 Address:
 PO BOX 429
 Address:
 231 E FORSYTH STREET

 City-St-Zip:
 TITUSVILLE, FL 32781
 City-St-Zip:
 JACKSONVILLE, FL 32202

Title: D () Delete Title: () Change () Addition

 Name:
 MAASCH, JEFF
 Name:

 Address:
 1840 25TH ST
 Address:

 City-St-Zip:
 VERO BEACH, FL 32960
 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: JOYCE INGERSOLL T 06/10/2007