

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706785

Entity Name: FLORIDA STATE ASSOCIATION OF SUPERVISORS OF ELECTIONS, INC.**FILED**
Feb 02, 2017
Secretary of State
CC8267338052**Current Principal Place of Business:**225 S. ADAMS STREET
SUITE 250
TALLAHASSEE, FL 32301**Current Mailing Address:**P.O. BOX 350
TALLAHASSEE, FL 32302 US**FEI Number: 59-3348295****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LABASKY, RONALD A
225 S. ADAMS STREET
SUITE 250
TALLAHASSEE, FL 32301 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title PRESIDENT ELECT
Name SOUTHERLAND, DANA
Address 108 N. JEFFERSON STREET
SUITE 202
City-State-Zip: PERRY FL 32347-3252Title VP
Name LUX, PAUL
Address 302 WILSON STREET
SUITE 102
City-State-Zip: CRESTVIEW FL 32536-3440Title PAST PRESIDENT
Name CORLEY, BRIAN
Address 14236 6TH STREET
City-State-Zip: DADE CITY FL 33523-3411Title PRESIDENT
Name CHAMBLESS, CHRIS
Address 105 E MONROE STREET
City-State-Zip: GREEN COVE SPRINGS FL 32043-4342Title DIRECTOR
Name LABASKY, RONALD A
Address 225 SOUTH ADAMS STREET
SUITE 250
City-State-Zip: TALLAHASSEE FL 32301Title SECRETARY
Name JONES, TAMMY
Address 421 S. COURT STREET
City-State-Zip: BRONSON FL 32621-6520Title TREASURER
Name LATIMER, CRAIG
Address 601 E KENNEDY BLVD.
16TH FLOOR
City-State-Zip: TAMPA FL 33602-4932

I hereby 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 all other like empowered.

SIGNATURE: RONALD A. LABASKY**02/02/2017**

Electronic Signature of Signing Officer/Director Detail

Date