2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706785

Entity Name: FLORIDA STATE ASSOCIATION OF SUPERVISORS OF ELECTIONS, INC.

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	SD		Title	TD
Name	CORLEY, BRIAN		Name	CHAMBLESS, CHRIS
Address	14236 6TH STREET		Address	1417-1 S ORANGE AVENUE
City-State-Zip:	DADE CITY FL 33526		City-State-Zip:	GREEN COVE SPRINGS FL 32043
Title	PPD		Title	PD
Name	STAFFORD, DAVID		Name	DAVIS, VICKI
Address	213 PALAFOX PLACE, 2ND FLOOR		Address	135 SE MARTIN LUTHER KING JR BLVD
City-State-Zip:	PENSACOLA FL 32591		City-State-Zip:	STUART FL 34994
Title	PED		Title	VPD
Name	EDWARDS, LORI		Name	HOLLAND, JERRY
Address	250 S BROADWAY AVE		Address	105 E MONROE STREET
City-State-Zip:	BARTOW FL 33830		City-State-Zip:	JACKSONVILLE FL 32202
Title	DIRECTOR			
Name	LABASKY, RONALD A			
Address	225 SOUTH ADAMS STREET SUITE 250			
City-State-Zip:	TALLAHASSEE FL 32301			

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   GC   04/01/2014

Electronic Signature of Signing Officer/Director Detail   Date