

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714537

Entity Name: FLORIDA SURVEYING AND MAPPING SOCIETY SCHOLARSHIP
FUND, INC.**FILED**
Jan 23, 2018
Secretary of State
CC5387910031**Current Principal Place of Business:**1689 MAHAN CENTER BLVD. SUITE A
TALLAHASSEE, FL 32308**Current Mailing Address:**1689 MAHAN CENTER BLVD SUITE A
TALLAHASSEE, FL 32308 US**FEI Number: 59-6209248****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BIST, MICHAEL P.
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32308 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: MICHAEL P. BIST****01/23/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	STRAYER, ROBERT B
Address	742 SHAMROCK BOULEVARD
City-State-Zip:	VENICE FL 34293

Title	TREASURER
Name	DEWITT, BON
Address	PO BOX 110565 UNIVERSITY OF FLORIDA
City-State-Zip:	GAINSEVILLE FL 32611

Title	VP
Name	BROWNELL, THOMAS B
Address	2525 SW 27TH AVENUE, SUITE 100
City-State-Zip:	MIAMI FL 33133

Title	PRESIDENT- ELECT
Name	COLLINS, DIANNE M
Address	5915 LAKE LUTHER ROAD
City-State-Zip:	LAKELAND FL 33805

Title	SECRETARY
Name	ELDER, DONALD
Address	1689 MAHAN CENTER BOULEVARD SUITE A
City-State-Zip:	TALLAHASSEE FL 32308

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: ROBERT B STRAYER**PRESIDENT****01/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date