

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744396

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC5108557288**

**Entity Name:** FLORIDA LOCAL GOVERNMENT INFORMATION SYSTEMS ASSOCIATION, INC.

**Current Principal Place of Business:**

301 S. BRONOUGH STREET  
STE 300  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

P.O. BOX 1757  
TALLAHASSEE, FL 32302-1757

**FEI Number: 59-1894353**

**Certificate of Status Desired: No**

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

FLORIDA LEAGUE OF CITIES  
125 E COLONIAL DRIVE  
ORLANDO, FL 32801 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 PAST PRESIDENT  
Name HOLLADAY, BRENT  
Address PO BOX 7800  
City-State-Zip: TAVARES FL 32778

Title TREASURER  
Name PLETZKE, KATHI  
Address 501 BAY ISLES ROAD  
City-State-Zip: LONGBOAT KEY FL 34228

Title PRESIDENT  
Name HUHTA, NED  
Address 22 S BEACH STREET  
City-State-Zip: ORMOND BEACH FL 32174

Title SECRETARY  
Name DIGIOIA, LAWRENCE  
Address 225 NEWBURYPORT AVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VP  
Name BLEIWEISS, TONI  
Address PO BOX 9384  
City-State-Zip: FORT MYERS FL 33902

Title EXECUTIVE DIRECTOR  
Name TAYLOR, MICHAEL  
Address 125 EAST COLONIAL DRIVE  
City-State-Zip: ORLANDO FL 32801

*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: MICHAEL TAYLOR**

**EXECUTIVE DIRECTOR**

**01/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date