

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000001073

Entity Name: FLORIDA ASSOCIATION OF COUNTY MANAGERS, INC.**Current Principal Place of Business:**100 SOUTH MONROE STREET
TALLAHASSEE, FL 32301**Current Mailing Address:**100 SOUTH MONROE STREET
TALLAHASSEE, FL 32301**FEI Number:** 47-3029224**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DELEGAL, VIRGINIA S. ESQ.
100 SOUTH MONROE STREET
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 IMMEDIATE PAST PRESIDENT
Name BROWN, JASON
Address INDIAN RIVER
1801 27TH STREET
City-State-Zip: VERO BEACH FL 32960-3365

Title SECRETARY
Name HOFSTAD, JOHN
Address OKALOOSA COUNTY
1250 EGLIN PKWY. N., STE. 102
City-State-Zip: SHALIMAR FL 32579

Title PRESIDENT
Name MICHELE, LIEBERMAN
Address ALACHUA COUNTY
12 S.E. 1ST ST., 2ND FL.
City-State-Zip: GAINESVILLE FL 32601

Title PRESIDENT ELECT
Name VERDENIA, BAKER
Address PALM BEACH COUNTY
301 NORTH OLIVE AVENUE
City-State-Zip: WEST PALM BEACH FL 33401

Title TREASURER
Name JONATHAN, LEWIS
Address SARASOTA COUNTY
1660 RINGLING BLVD.
City-State-Zip: SARASOTA FL 34236

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: JOHN HOFSTAD**SECRETARY****01/11/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date