

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001849

Entity Name: FLORIDA ASSOCIATION OF CADASTRAL MAPPERS, INC.**Current Principal Place of Business:**1259 LITTLE OAK CIR
TITUSVILLE, FL 32780**Current Mailing Address:**1259 LITTLE OAK CIR
TITUSVILLE, FL 32780 US**FEI Number:** 30-0096372**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRISSINGER, MICHAEL L TREASURER
1259 LITTLE OAK CIR
TITUSVILLE, FL 32780 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 L. GRISSINGER

01/07/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name THOMAS, KIRT
Address 200 S ORANGE AVE
 SUITE 1700
City-State-Zip: ORLANDO FL 32801

Title EDUCATION CHAIR
Name MUSSER, DAYNA
Address 123 W INDIANA AVE
 ROOM 102
City-State-Zip: DELAND FL 32720

Title DES
Name MAASCH, JEFF
Address 1840 25TH ST
City-State-Zip: VERO BEACH FL 32960

Title TREASURER
Name GRISSINGER, MICHAEL L
Address 1259 LITTLE OAK CIR
City-State-Zip: TITUSVILLE FL 32780

Title SECRETARY
Name HARRIS, NATALIE
Address 20745 MAXIM PKWY
City-State-Zip: ORLANDO FL 32833

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 GRISSINGER

TREASURER

01/07/2019

Electronic Signature of Signing Officer/Director Detail

Date