

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001849

**Entity Name:** FLORIDA ASSOCIATION OF CADASTRAL MAPPERS, INC.

**Current Principal Place of Business:**

210 N APOPKA AVE.  
SUITE 200  
INVERNESS, FL 34450

**Current Mailing Address:**

P.O.BOX 141393  
GAINESVILLE, FL 32614 US

**FEI Number:** 30-0096372

**Certificate of Status Desired:** No

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

SCHLUTER, CHRISTINE A  
720 SW 16TH PLACE  
GAINESVILLE, FL 32601 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            PRESIDENT  
Name            FRITZ, ERNST FJR  
Address        210 N APOPKA AVE., SUITE 200  
City-State-Zip: INVERNESS FL 34450

Title            TREA  
Name            SCHLUTER, CHRISTINE  
Address        720 SW 16TH PLACE  
City-State-Zip: GAINESVILLE FL 32601

Title            PAST PRESIDENT  
Name            WALKER, CAROL  
Address        255 N WILSON AVENUE  
City-State-Zip: BARTOW FL 33830

Title            PRESIDENT ELECT  
Name            HAHN, JEFF  
Address        PO BOX 429  
City-State-Zip: TITUSVILLE FL 32781

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

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:** CHRISTINE SCHLUTER

**FACM TREASURER**

**01/08/2013**

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

\_\_\_\_\_  
Date