

**2017 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

01/10/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

*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 L GRISSINGER

FACM TREASURER

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date