### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001849

Entity Name: FLORIDA ASSOCIATION OF CADASTRAL MAPPERS, INC.

FILED
Jan 09, 2015
Secretary of State
CC3930857745

## **Current Principal Place of Business:**

210 N APOPKA AVE. SUITE 200

INVERNESS, FL 34450

# **Current Mailing Address:**

210 N. APOPKA AVE SUITE 200 INVERNESS, FL 34450 US

FEI Number: 30-0096372 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

DAVIS, JAMES E TREASURER 210 N APOPKA AVE. SUITE 200 INVERNESS, FL 34450 US

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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: JAMES E. DAVIS 01/09/2015

Electronic Signature of Registered Agent Date

### Officer/Director Detail:

Title **PRESIDENT** Title **EDUCATION CHAIR** Name SCHLUTER, CHRISTINE Name WALKER, CAROL 720 SW 16TH PLACE 255 N WILSON AVENUE Address Address BARTOW FL 33830 City-State-Zip: GAINESVILLE FL 32601 City-State-Zip:

Title PAST PRESIDENT Title DES

NameHAHN, JEFFNameMAASCH, JEFFAddressPO BOX 429Address1840 25TH ST

City-State-Zip: TITUSVILLE FL 32781 City-State-Zip: VERO BEACH FL 32960

Title TREASURER
Name DAVIS, JAMES E.
Address 210 N. APOPKA AVE

SUITE 200

City-State-Zip: INVERNESS FL 34450

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.

Electronic Signature of Signing Officer/Director Detail