

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

07/29/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GARST, ROBERT  
Address        1800 27TH ST.  
City-State-Zip: VERO BEACH FL 34960

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

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

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

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

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

Title            DIRECTOR  
Name            TATUM, JOHN  
Address        315 COURT ST  
                 2ND FLOOR  
City-State-Zip: CLEARWATER FL 33756

*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

**TREASURER**

07/29/2019

Electronic Signature of Signing Officer/Director Detail

Date