## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004668

Entity Name: FLORIDA ASSOCIATION OF COUNTY HUMAN SERVICES

ADMINISTRATORS, INC.

**Current Principal Place of Business:** 

100 SOUTH MONROE STREET TALLAHASSEE, FL 32302

**Current Mailing Address:** 

100 SOUTH MONROE STREET TALLAHASSEE, FL 32302

FEI Number: 59-3527802 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION OF COUNTIES, INC. 100 SOUTH MONROE STREET TALLAHASSEE, FL 32302 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

FILED Feb 20, 2014

**Secretary of State** 

CC4771239550

Officer/Director Detail:

Title P Title PE

Name TUCK, CLAUDIA Name ARNALL, ANN

Address 810 DATURA STREET, STE. 350 Address 2440 THOMPSON STREET

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: FT MYERS FL 33901

Title S Title T

Name PERRY, LANARD Name PEARSON, CATHY

Address 218 SE 24TH STREET Address 3600 W. SOVEREIGH PATH SUITE 267

City-State-Zip: GAINESVILLE FL 32641 City-State-Zip: LECANTO FL 34461

Title PP

Name TRACY, PAULINE

Address 2200 RINGLING BLVD. STE. 2001

City-State-Zip: SARASOTA FL 34237

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: CLAUDIA TUCK

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

02/20/2014