## 2020 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:** 

437 N 7 STREET

FORT PIERCE, FL 34950 US

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

Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION OF COUNTIES, INC. 100 MONROE STREET TALLAHASSEE, FL 32301 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 05, 2020

**Secretary of State** 

7892521523CC

Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** Name HERBERT, LYNETTE Name THALL, ALLISON Address LAKE COUNTY Address

SARASOTA COUNTY 2200 RINGLING BLVD SUITE 2001

P.O. BOX 7800

City-State-Zip: SARASOTA FL 34237 City-State-Zip: TAVARES FL 32778

Title PRESIDENT-ELECT Title PAST PRESIDENT Name MERCADO, ROGER Name SCOTT, CLARK

Address LEE COUNTY Address PINELLAS COUNTY 2200 RINGLING BLVD #2001

440 COURT STREET 2D FLOOR

SARASOTA FL 34237 CLEARWATER FL 33756 City-State-Zip: City-State-Zip:

Title **SECRETARY** Name RAMIREZ, VEDA

HERNANDO COUNTY Address

20 NORTH MAIN STREET, ROOM 161

BROOKSVILLE FL 34601 City-State-Zip:

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: VEDA RAMIREZ

Electronic Signature of Signing Officer/Director Detail

**SECRETARY** 

02/05/2020 Date