## 2016 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** Jan 28, 2016

**Secretary of State** 

CC0486381355

Officer/Director Detail:

Title PAST PRESIDENT Title **PRESIDENT** Name TUCK, CLAUDIA Name ARNALL, ANN

Address 218 SE 24TH STREET Address 2440 THOMPSON STREET City-State-Zip: GAINESVILLE FL 32641 City-State-Zip: FT. MYERS FL 33901

Title **SECRETARY** Title **TREASURER** HERBERT, LYNETTE Name THALL, ALLISON Name Address P.O. BOX 7800 Address 2200 RINGLING BLVD #2001

City-State-Zip: TAVARES FL 32778-7800 City-State-Zip: SARASOTA FL 34237

Title PRESIDENT ELECT SCOTT, CLARK Name 440 COURT STREET Address

2D 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: LYNETTE HERBERT

**SECRETARY** 

01/28/2016