

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 11:58

DOCUMENT # **702898** (8)
1. Corporation Name
FLORIDA LEAGUE OF CITIES, INCORPORATED

Principal Place of Business Mailing Address
201 WEST PARK AVENUE **201 WEST PARK AVENUE**
P.O. BOX 1757 **P.O. BOX 1757**
TALLAHASSEE FL 32302-1757 **TALLAHASSEE FL 32302-1757**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/13/1935** 3a. Date of Last Report **04/19/1994**
4. FEI Number **59-6001124** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SITTIG, RAYMOND C
201 WEST PARK AVENUE
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Raymond C. Sittig* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PP
NAME	EVERS, HON. WILLIAM A
STREET ADDRESS	500 15TH ST. WEST
CITY - ST - ZIP	BRADENTON FL
TITLE	V
NAME	ANTHONY, HON. CLARENCE
STREET ADDRESS	335 S.W. 2ND AVE.
CITY - ST - ZIP	SOUTH BAY FL 33409
TITLE	P
NAME	LIEBERMAN, HON. ILENE
STREET ADDRESS	2000 CITY HALL DR.
CITY - ST - ZIP	LAUDERHILL FL 33313
TITLE	D
NAME	PENELAS, HON. ALEXANDER
STREET ADDRESS	111 NW 1ST ST, STE 320
CITY - ST - ZIP	MIAMI FL 33128
TITLE	D
NAME	THOMPSON, HON. GERALD F.
STREET ADDRESS	115 S ANDREWS AVE #416
CITY - ST - ZIP	FT LAUDERDALE FL 33301
TITLE	D
NAME	TODD, HON. BARBARA SHEEN
STREET ADDRESS	315 COURT ST. ROOM 501
CITY - ST - ZIP	CLEARWATER FL 34618

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	LIEBERMAN, HON. ILENE	
13 STREET ADDRESS	2000 CITY HALL DRIVE	
14 CITY - ST - ZIP	LAUDERHILL, FL 33313	
21 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SCHULTZ, HON. LARRY	
23 STREET ADDRESS	1820 LAUREL OAK DRIVE, S.	
24 CITY - ST - ZIP	ROCKLEDGE, FL 32955	
31 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ANTHONY, HON. CLARENCE E.	
33 STREET ADDRESS	335 S.W. 2ND AVENUE	
34 CITY - ST - ZIP	SOUTH BAY, FL 33409	
41 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	PENELAS, HON. ALEXANDER	
43 STREET ADDRESS	111 NW 1ST ST, STE 320	
44 CITY - ST - ZIP	MIAMI, FL 33128	
51 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	THOMPSON, HON. GERALD F.	
53 STREET ADDRESS	115 S ANDREWS AVE # 416	
54 CITY - ST - ZIP	FT LAUDERDALE, FL 33301	
61 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	MARTIN, HON. SADYE GIBBS	
63 STREET ADDRESS	301 N. WHEELER ST.	
64 CITY - ST - ZIP	PLANT CITY, FL 33564-9003	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Raymond C. Sittig* Date: **4-7-95** (904) 222-9684