FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 702898 (8)

1. Corporation Name

FLORIDA LEAGUE OF CITIES, INCORPORATED

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

3. Date Incorporated or Qualified: 12/13/1935
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-6001124 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Michael SiTtig
82 Street Address (P.O. Box Number is Not Acceptable): 201 West ParK Avenue
83
84 City: Tallahassee. FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: X [signature] Michael SiTtig, Executive Director DATE: 1/23/96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PP	☐ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	LIEBERMAN, HON I		1.2 NAME		
STREET ADDRESS	2000 CITY HALL DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	SCHULTZ, HON. L		2.2 NAME		
STREET ADDRESS	1820 LAUREL OAK DRIVE, SOUTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE	PP	☒ Change ☐ Addition
NAME	ANTHONY, HON. C E.		3.2 NAME		
STREET ADDRESS	335 S. W. 2ND AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH BAY FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PENELAS, HON. ALEXANDER		4.2 NAME		
STREET ADDRESS	111 NW 1ST ST, STE 320		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33128		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, HON. GERALD F.		5.2 NAME		
STREET ADDRESS	115 S ANDREWS AVE #416		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, HON. S GIBBS		6.2 NAME		
STREET ADDRESS	301 N. WHEELER STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		6.4 CITY-ST-ZIP		

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 119.07(3)(k), 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 receiver or trustee 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: [signature] Larry Schultz 1/23/96 407-690-3978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)