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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

PLANT CITY FL

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 3. Date Incorporated or Qualified 3a. Date of Last Report 01/31/1996 12/13/1935 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-6001124 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. 24 25 30 ☐ Yes ☐ No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** SITTIG, MICHAEL 82 Street Address (P.O. Box Number is Not Acceptable) 201 WEST PARK AVENUE 83 TALLAHASSÉE FL 32301 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable. (NO1E: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change . NAME LIEBERMAN, HON I 12 NAME s. Andrews Avenue 2000 CITY HALL DRIVE STREET ADDRESS 1.3 STREET ADDRESS LAUDERHILL FL Lauderdale, FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME SCHULTZ, HON. L 2.2 NAME STREET ADDRESS 1820 LAUREL OAK DRIVE, SOUTH 2.3 STREET ADDRESS **ROCKLEDGE FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ★ Addition Naugle, Hon. Jim 100 N. Andrews Ave. ANTHONY, HON, C E. NAME 3.2 NAME 335 S. W. 2ND AVENUE STREET ADDRESS 3.3 STREET ADDRESS Fort Lauderdale, FL 33301 **SOUTH BAY FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 41 TITLE Change Addition PENELAS, HON. ALEXANDER NAME 4 2 NAME 111 NW 1ST ST, STE 320 STREET ADDRESS 4.3 STREET ADDRESS **MIAMI FL 33128** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 51 TITLE **Addition** Ferreri, Hon, Sam NAME THOMPSON, HON. GERALD F. 5.2 NAME 5985 10th Avenue, North STREET ADDRESS 115 S ANDREWS AVE #416 5.3 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33301 Greenacres, FL 33463-2399 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition MARTIN, HON. S GIBBS NAME 6.2 NAME 301 N. WHEELER STREET STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplied 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 of the respective 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 or ar attackers with an address.

FILED

Apr 28 1997 8:00am

Secretary of State