2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State

04-25-2005 90245 017 ****61.25

DOCUMENT # 702898	
1. Entity Name	10
FLORIDA LEAGUE OF CITIES, INCORPORATED	



Principal Place of Business Mailing Address 301 S. BRONOUGH STREET 301 S. BRONOUGH STREET 20044384 P.O. BOX 1757 P.O. BOX 1757 TALLAHASSEE, FL 32302-1757 TALLAHASSEE, FL 32302-1757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-6001124 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SITTIG, MICHAEL 301 S. BRONOUGH ST. Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees " OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE □ Delete TITLE Change ☐ Addition BLACK, SCOTT NAME NAME STREET ADDRESS 14022 5TH STREET, STE B STREET ADDRESS CITY-ST-ZIP DADE CITY, FL 335254303 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME SCHULTZ, HON. L NAME STREET ADDRESS 1820 LAUREL OAK DRIVE, SOUTH STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL CITY-ST-ZIP n TITLE ☐ Delete TITLE ☐ Change Addition NAUGLE, HON J NAME NAME STREET ADDRESS 100 N. ANDREWS AVE. STREET ADDRESS FT. LAUDERDALE, FL CITY-ST-ZIP CITY-ST-ZIP TITLE D □ Delete TITLE ___ Change ___ Addition FERRERI, HON S NAME NAME STREET ADDRESS 5985 10TH AVE. NORTH STREET ADDRESS CITY-ST-ZIP GREEN ACRES, FL CITY-ST-ZIP PP TITLE TITLE Change Addition Delete REEDER, HON D NAME STREET ADDRESS 7464 RIDGE RD STREET ADDRESS CITY-ST-7/P SEMINOLE, FL 33772 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change X Addition C.V. Ford 613 Bay Cliffs Road NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Gulf Breeze, FL 32561

12. Thereby 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 report or supplemental 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 of execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment

SIGNATURE:

8 50-432-1750