# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 19, 2006 8:00 am**
**Secretary of State**
07-19-2006 90017 001 ***122.50

DOCUMENT # 702898

1. Entity Name
FLORIDA LEAGUE OF CITIES, INCORPORATED

66021965

| Principal Place of Business | Mailing Address |
|---|---|
| 301 S. BRONOUGH STREET<br>P.O. BOX 1757<br>TALLAHASSEE, FL 32302-1757 | 301 S. BRONOUGH STREET<br>P.O. BOX 1757<br>TALLAHASSEE, FL 32302-1757 |

07052006 Chg-NP CR2E037 (4/06)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SITTIG, MICHAEL<br>301 S. BRONOUGH ST.<br>TALLAHASSEE, FL 32301 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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**
**Due by September 6, 2006**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PP<br>BLACK, SCOTT<br>14022 5TH STREET, STE B<br>DADE CITY, FL 335254303 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SCHULTZ, HON. L<br>1820 LAUREL OAK DRIVE, SOUTH<br>ROCKLEDGE, FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Julio Robaina<br>501 Palm Avenue<br>Hialeah, FL 33010 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NAUGLE, HON J<br>100 N. ANDREWS AVE.<br>FT. LAUDERDALE, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FERRERI, HON S<br>5985 10TH AVE. NORTH<br>GREEN ACRES, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PP<br>REEDER, HON D<br>7464 RIDGE RD<br>SEMINOLE, FL 33772 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>FORD, C V<br>613 BAY CLIFFS RD<br>GULF BREEZE, FL 32561 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PP | ☒ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 to 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 with an address, with all other like empowered.

**SIGNATURE:** _____ 7-6-06 305-883-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #