

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 APR 24 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702898

1. Entity Name
FLORIDA LEAGUE OF CITIES, INCORPORATED



Principal Place of Business
301 S. BRONOUGH STREET
P.O. BOX 1757
TALLAHASSEE, FL 32302-1757

Mailing Address
301 S. BRONOUGH STREET
P.O. BOX 1757
TALLAHASSEE, FL 32302-1757

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142007 Chg-NP CR2E037 (12/06)

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
301 S. BRONOUGH ST.
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

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 May 1, 2007

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 PP
NAME BLACK, SCOTT ☐ Delete
STREET ADDRESS 14022 5TH STREET, STE B
CITY-ST-ZIP DADE CITY, FL 335254303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300099893093
CITY-ST-ZIP 04/30/07--01057--006 **111.25

TITLE P
NAME ROBAINA, JULIA ☐ Delete
STREET ADDRESS 501 PALM AVE
CITY-ST-ZIP HIALEAH, FL 33010

TITLE PP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME NAUGLE, HON J ☐ Delete
STREET ADDRESS 100 N. ANDREWS AVE.
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME FERRERI, HON S ☐ Delete
STREET ADDRESS 5985 10TH AVE. NORTH
CITY-ST-ZIP GREEN ACRES, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS B4/27/07
CITY-ST-ZIP

TITLE PP
NAME REEDER, HON D ☒ Delete
STREET ADDRESS 7464 RIDGE RD
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE P
NAME Rene Flowers ☐ Change ☒ Addition
STREET ADDRESS 175 Fifth Street, N.
CITY-ST-ZIP St. Petersburg, FL 33731

TITLE PP
NAME FORD, C V ☒ Delete
STREET ADDRESS 613 BAY CLIFFS RD
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE VP
NAME Frank Ortis ☐ Change ☒ Addition
STREET ADDRESS 10100 Pines Blvd.
CITY-ST-ZIP Pembroke Pines, FL 33026

12. I hereby certify that the information submitted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rene Flowers

3/27/07 (727)893-7117