


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90022 037 ****61.25

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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-6001124	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SITTIG, MICHAEL 301 S. BRONOUGH ST. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 BLACK, SCOTT 14022 5TH STREET, STE B DADE CITY, FL 335254303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP ROBAINA, JULIA 501 PALM AVE HIALEAH, FL 33010		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAUGLE, HON J 100 N. ANDREWS AVE. FT. LAUDERDALE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRERI, HON S 5985 10TH AVE. NORTH GREEN ACRES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOWERS, RENE 175 FIFTH STREET NORTH ST PETERSBURG, FL 33731		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y Priore, Carmine 14000 Greenbriar Blvd. Wellington, FL 33414-7699	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORTIS, FRANK 10100 PINES BLVD PEMBROKE PINES, FL 33026		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 1/17/08 Daytime Phone #: 954-435-6505					

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