2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702898

FILED Jan 14, 2009 Secretary of State

Entity Name: FLORIDA LEAGUE OF CITIES, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 301 S. BRONOUGH STREET 301 S. BRONOUGH STREET P.O. BOX 1757 TALLAHASSEE, FL 323021757 TALLAHASSEE, FL 323021757 **Current Mailing Address: New Mailing Address:** 301 S. BRONOUGH STREET 301 S. BRONOUGH STREET P.O. BOX 1757 TALLAHASSEE, FL 323021757 TALLAHASSEE, FL 323021757 FEI Number: 59-6001124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SITTIG, MICHAEL 301 S. BRONOUGH ST. TALLAHASSEE, FL 32301 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BLACK, SCOTT Name: Name: 14022 5TH STREET, STE B Address: Address: City-St-Zip: DADE CITY, FL 335254303 City-St-Zip: Title: Title: () Delete () Change () Addition ROBAINA, JULIA Name: Name: Address: 501 PALM AVE Address: City-St-Zip: HIALEAH, FL 33010 City-St-Zip: Title: () Delete Title: () Change () Addition NAUGLE, HON J Name: Name: 100 N. ANDREWS AVE. Address: Address: City-St-Zip: FT. LAUDERDALE, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: FERRERI, HON S Name: Address: 5985 10TH AVE. NORTH Address: City-St-Zip: GREEN ACRES, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition CARMINE, PRIORE CARMINE, PRIORE Name: Name: 14000 GREENBRIAR BLVD 14000 GREENBRIAR BLVD Address: Address: City-St-Zip: WEST PALM BEACH, FL 33414 City-St-Zip: WEST PALM BEACH, FL 33414 Title: () Delete Title: (X) Change () Addition ORTIS, FRANK ORTIS. FRANK Name: Name: Address: 10100 PINES BLVD Address: 10100 PINES BLVD PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. CARMINE PRIORE P 01/14/2009