

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702898

FILED
Jan 03, 2011
Secretary of State

Entity Name: FLORIDA LEAGUE OF CITIES, INCORPORATED

Current Principal Place of Business:

301 S. BRONOUGH STREET
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

301 S. BRONOUGH STREET, SUITE 300
TALLAHASSEE, FL 32301 US

Current Mailing Address:

POST OFFICE BOX 1757
TALLAHASSEE, FL 323021757

New Mailing Address:

FEI Number: 59-6001124 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SITTIG, MICHAEL
301 S. BRONOUGH ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: PP
Name: BLACK, SCOTT
Address: 14022 5TH STREET, STE B
City-St-Zip: DADE CITY, FL 335254303

Title: PP
Name: ROBAINA, JULIA
Address: 501 PALM AVE
City-St-Zip: HIALEAH, FL 33010

Title: PP
Name: MARKS, HON J
Address: 300 S. ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: P
Name: COOPER, HON J
Address: 400 S. FEDERAL HIGHWAY
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: PP
Name: CARMINE, PRIORE
Address: 12300 W. FOREST HILL BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33414

Title: PP
Name: ORTIS, FRANK
Address: 10100 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby 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 all other like empowered.

SIGNATURE: JOY COOPER

PRES

01/03/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date