

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724856

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF CITY CLERKS, INC.

**Current Principal Place of Business:**

301 S BRONOUGH ST  
STE-300  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1757  
TALLAHASSEE, FL 32302 US

**New Mailing Address:**

FEI Number: 16-0724856

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAMILTON, SCOTT C  
300 S. BRONOUGH STE 300  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

FLORIDA LEAGUE OF CITIES  
300 S. BRONOUGH STE 300  
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: BARBARA C SOLIS

01/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: FVP ( ) Delete  
Name: GOUDEAU, CYNTHIA E  
Address: P.O. BOX 4748  
City-St-Zip: CLEARWATER, FL 337584748

Title: IPP ( ) Delete  
Name: BURNS, LISA E  
Address: P.O. BOX 16930  
City-St-Zip: TEMPLE TERRACE, FL 33687

Title: P ( ) Delete  
Name: JOCK, TAMMY  
Address: 1053 20TH PLACE  
City-St-Zip: VERO BEACH, FL 32962

Title: SVP ( ) Delete  
Name: SMITH, PAMELA B  
Address: 800 DUNLAP RD  
City-St-Zip: SANIBEL, FL 33957

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: FVP (X) Change ( ) Addition  
Name: SMITH, PAMELA B  
Address: 800 DUNLOP RD.  
City-St-Zip: SANIBEL, FL 33957

Title: IPP (X) Change ( ) Addition  
Name: VOCK, TAMMY  
Address: 1053 20TH PLACE  
City-St-Zip: VERO BEACH, FL 32962

Title: P (X) Change ( ) Addition  
Name: GOUDEAU, CYNTHIA E  
Address: P.O. BOX 4758  
City-St-Zip: CLEARWATER, FL 33758

Title: SVP (X) Change ( ) Addition  
Name: LAWHON, JACKIE  
Address: P.O. BOX 1219  
City-St-Zip: SOPCHOPPY, FL 32358

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: BARBARA C. SOLIS

ED

01/14/2009

Electronic Signature of Signing Officer or Director

Date