

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731868

FILED  
Feb 03, 2010  
Secretary of State

**Entity Name:** THE FLORIDA TAX COLLECTORS, INC.

**Current Principal Place of Business:**

225 SOUTH ADAMS ST  
SUITE 200  
TALLAHASSEE, FL 32302 US

**Current Mailing Address:**

225 SOUTH ADAMS  
SUITE 200  
TALLAHASSEE, FL 32302 US

**New Principal Place of Business:**

225 SOUTH ADAMS ST  
SUITE 200  
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

225 SOUTH ADAMS ST.  
SUITE 200  
TALLAHASSEE, FL 32301 US

**FEI Number:** 59-6000619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASSENDERP, KENZA VAN  
225 SOUTH ADAMS STREET  
STE. 200  
TALLAHASSEE, FL 32302 US

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

ASSENDERP, KENZA VAN  
225 SOUTH ADAMS STREET  
STE. 200  
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:

02/03/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WARREN, JANICE  
Address: 210 N. APOKA STREET - SUITE 100  
City-St-Zip: INVERNESS, FL 34450 US

Title: PP  
Name: TEDDER, JOE G  
Address: 430 E. MAIN STREET  
City-St-Zip: BARTOW, FL 33830 US

Title: V  
Name: DREW, JOHN  
Address: 86130 LICENSE ROAD  
City-St-Zip: FERNANDINA BEACH, FL 32024 US

Title: T  
Name: CURTIS, CATHY  
Address: PO BOX 850  
City-St-Zip: FT. MYERS, FL 33902 US

Title: S  
Name: MALOY, DORIS  
Address: 3425 THOMASVILLE RD, STE. 19  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: V  
Name: MAHAFFEY, KEN  
Address: 323 ST. JOHNS AVENUE  
City-St-Zip: PALATKA, FL 32177 US

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: JANICE WARREN

P

02/03/2010

Electronic Signature of Signing Officer or Director

Date