

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743627

FILED
Jan 04, 2011
Secretary of State

Entity Name: FLORIDA CITY AND COUNTY MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

301 S BRONOUGH ST STE 400
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

301 S BRONOUGH ST., STE. 300
P.O. BOX 1757
TALLAHASSEE, FL 323021757

New Mailing Address:

FEI Number: 59-2015715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA LEAGUE OF CITIES, INC.
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: DST
Name: WINGO, OEL G
Address: 7998 W. HIGHWAY 318
City-St-Zip: REDDICK, FL 32686 US

Title: D
Name: HANSON, JAMES R
Address: 800 SEMINOLE ROAD
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: DP
Name: HARNESS, CARL
Address: 315 COURT STREET, ROOM 300
City-St-Zip: CLEARWATER, FL 33756

Title: DPE
Name: LEWIS, JONATHAN
Address: 120 MALABAR ROAD, S.E.
City-St-Zip: PALM BAY, FL 32907

Title: DPP
Name: GALLLEGOS, JOSEPH
Address: 524 N.E. 21ST COURT
City-St-Zip: WILTON MANORS, FL 33305

Title: D
Name: BROWN, GEORGE S
Address: 201 W. PALMETTO ROAD
City-St-Zip: BOCA RATON, FL 33432

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: CARL S. HARNESS

DP

01/04/2011

Electronic Signature of Signing Officer or Director

_____ Date