

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744233

FILED
Mar 19, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF COUNTIES, INC.

Current Principal Place of Business:

100 SO MONROE STR
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 549
TALLAHASSEE, FL 323020549 US

New Mailing Address:

FEI Number: 59-1914707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELEGAL, VIRGINIA S ESQ
C/O FLORIDA ASSOCIATION OF COUNTIES
100 S MONROE STREET
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: P () Delete
Name: JACOBS, TERESA
Address: 201 SOUTH ROSALIND
City-St-Zip: ORLANDO, FL 32801

Title: PE () Delete
Name: HATCH, RANDY
Address: 224 PINE AVENUE
City-St-Zip: LIVE OAK, FL 32064

Title: 1 VP () Delete
Name: LONG, RODNEY
Address: 12 SE 1ST STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: 2 VP () Delete
Name: LIEBERMAN, ILENE
Address: 115 S. ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: IPP (X) Delete
Name: LATVALA, SUSAN
Address: 315 COURT STREET
City-St-Zip: CLEARWATER, FL 33758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LONG, RODNEY
Address: P. O. BOX 2877
City-St-Zip: GAINESVILLE, FL 32602

Title: PE (X) Change () Addition
Name: LIEBERMAN, ILENE
Address: 115 S. ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: 1 VP (X) Change () Addition
Name: SMITH, DOUG
Address: 2401 S.E. MONTEREY ROAD
City-St-Zip: STUART, FL 34996

Title: IPP (X) Change () Addition
Name: LATVALA, SUSAN
Address: 315 COURT STREET, 5TH FLOOR
City-St-Zip: CLEARWATER, FL 33756

Title: () Change () Addition
Name:
Address:
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: VIRGINIA S. DELEGAL, ESQ.

GC

03/19/2009

Electronic Signature of Signing Officer or Director

Date