

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744233

FILED
Apr 04, 2011
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:

100 S. MONROE STREET
TALLAHASSEE, FL 32301 US

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: IPP
Name: LONG, RODNEY
Address: P. O. BOX 2877
City-St-Zip: GAINESVILLE, FL 32602

Title: P
Name: LIEBERMAN, ILENE
Address: 115 S. ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: PE
Name: SMITH, DOUG
Address: 2401 S.E. MONTEREY ROAD
City-St-Zip: STUART, FL 34996

Title: 1 VP
Name: WILLIAMS, BILL
Address: 1000 CECIL G. COSTIN SR. BLVD
City-St-Zip: PORT ST JOE, FL 32456

Title: 2 VP
Name: DESLOGE, BRYAN
Address: 315 S. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

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: ILENE LIEBERMAN

P

04/04/2011

Electronic Signature of Signing Officer or Director

Date