

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90285 004 ****61.25

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Operating
Mailed 94054847



01132004 Chg-NP CR2E037 (10/03)

4. FEI Number **59-1894353**
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # 744396
1. Entity Name
**FLORIDA LOCAL GOVERNMENT INFORMATION
SYSTEMS ASSOCIATION, INC.**



Principal Place of Business
**301 S. BRONOUGH STREET
STE 300
TALLAHASSEE, FL 32301 US**

Mailing Address
**P.O. BOX 1757
TALLAHASSEE, FL 32302-1757**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent
**DELOACH, DON
125 E COLONIAL DRIVE
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	DELOACH, DON	
STREET ADDRESS	300 S ADAMS STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	VP	☐ Delete
NAME	AVERBACH, LES	
STREET ADDRESS	222 E UNIVERSITY AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	D	☒ Delete
NAME	MEEKS JR, GRADY	
STREET ADDRESS	301 S RIDGEWOOD AVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32115	
TITLE	SD	☐ Delete
NAME	SCHOMAKER, HAROLD	
STREET ADDRESS	201 HIGHLAND AVE. 33770	
CITY-ST-ZIP	LARGO, FL	
TITLE	T	☒ Delete
NAME	REIOHARDT, NANCY	
STREET ADDRESS	PO BOX 1389	
CITY-ST-ZIP	VERO BEACH, FL 32961	
TITLE	D	☐ Delete
NAME	MAYER, DANIEL	
STREET ADDRESS	100 S. MYRTLE AVE.	
CITY-ST-ZIP	CLEARWATER, FL 33756	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	John RABY	
STREET ADDRESS	PO Box 12910	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	☐ Change ☒ Addition
NAME	PETER WALLACE	
STREET ADDRESS	PO Box 310	
CITY-ST-ZIP	BOYNTON BEACH, FL 33425	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Don DeLoach **1-15-04** **850-891-8402**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #