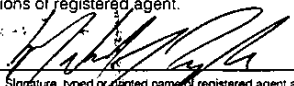
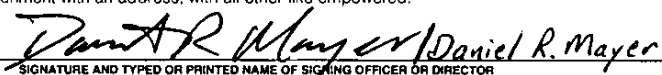


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90245 015 ****61.25

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DELOACH, DON 125 E COLONIAL DRIVE ORLANDO, FL 32801				Name Daniel Mayer Street Address (P.O. Box Number is Not Acceptable) 125 E Colonial Drive City Orlando FL Zip Code 32801	
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  DATE 3/8/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELOACH, DON 300 S ADAMS STREET TALLAHASSEE, FL 32301 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANIEL MAYER 100 S Myrtle Ave Clearwater, FL 33756 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AVERBACH, LES 222 E UNIVERSITY AVE GAINESVILLE, FL 32601 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAROLD SCHOMAKER 201 Highland Ave Largo, FL 33770 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RABY, JOHN PO BOX 12910 PENSACOLA, FL 32503 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Pat Curtis 301 S Monroe, RMP308C Tallahassee, FL 32301 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHOMAKER, HAROLD 201 HIGHLAND AVE. 33770 LARGO, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bob Hanson 1660 Ringling Blvd, 5th Floor Sarasota FL 34236 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALLACE, PETER PO BOX 310 BOYNTON BEACH, FL 33425 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYER, DANIEL 100 S. MYRTLE AVE. CLEARWATER, FL 33756 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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:  3/14/05 727-562-4662 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

20044386



02092005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1894353 Applied For
Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE