

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90004 002 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 744396					
1. Entity Name FLORIDA LOCAL GOVERNMENT INFORMATION SYSTEMS ASSOCIATION, INC.					
Principal Place of Business 301 S. BRIDGEMOOR 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	
4. FEI Number 58-1894353				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
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 <u>Daniel R. Meyer</u> Street Address (P.O. Box Number is Not Acceptable) <u>125 E Colonial Drive</u> City <u>Orlando</u> FL <u>32801</u>		
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 <u>Daniel R. Meyer, President</u> <u>Daniel R. Meyer</u> <u>7/6/06</u>					
Filing Fee is \$81.25 Due by September 6, 2006					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	P	☐ Delete			
NAME	MAYER, DANIEL				
STREET ADDRESS	100 S MYRTLE AVE				
CITY-STATE-ZIP	CLEARWATER, FL 33756				
TITLE	VP	☐ Delete			
NAME	SCHOMAKER, HAROLD				
STREET ADDRESS	201 HIGHLAND AVE				
CITY-STATE-ZIP	LARGO, FL 33770				
TITLE	D	☒ Delete			
NAME	RABY, JOHN				
STREET ADDRESS	PO BOX 12910				
CITY-STATE-ZIP	PENSACOLA, FL 32503				
TITLE	S	☐ Delete			
NAME	CURTIS, PAT				
STREET ADDRESS	301 S MONROE, RMP308C				
CITY-STATE-ZIP	TALLAHASSEE, FL 32301				
TITLE	T	☐ Delete			
NAME	WALLACE, PETER				
STREET ADDRESS	PO BOX 310				
CITY-STATE-ZIP	BOYNTON BEACH, FL 33425				
TITLE	D	☐ Delete			
NAME	HANSON, BOB				
STREET ADDRESS	1660 RINGLING BLVD 5TH FLOOR				
CITY-STATE-ZIP	SARASOTA, FL 34236				
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☒ Addition			
NAME	Chad Morris				
STREET ADDRESS	208 Pantan Drive North				
CITY-STATE-ZIP	Niceville, FL 32578				
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered 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 as changed, or on an attachment with an address, without prior the expiration.					
SIGNATURE: <u>[Signature]</u> <u>7/6/06</u> <u>727.562.4662</u>					

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