2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #744396

FILED Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90066 007 ****61.25

	LOCAL GOVERNMENT I S ASSOCIATION, INC.	INFORMATION							
301 S. BRON STE 300	ce of Business NOUGH STREET EE, FL 32301 US	Mailing Address P.O. BOX 1757 TALLAHASSEE, FL 323	02-1757		10074470 1004 1004 4004 4004 1004 1004	 	8/11 8/2 8/8	FII n i d e F in i	
2. Principal Place of Business - No P.O. Box # 3. Mailin		3. Mailing Address	failing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		42007 Chg-NP	CR2E037	(12/06)		
City & State		City & State			4. FEI Number				
Zip	Country	Zip	Country	5. C	ertificate of Status Desire		8.75 Add ee Require		
	6. Name and Address of Curren	nt Registered Agent		7. N:	ame and Address of Ne	w Registered A	jent		
MEYER, DANIEL R				Name Harold Schomaker					
125 E COLONIAL DRIVE ORLANDO, FL 32801			Sireet	Street Address (P.O. Box Number is Not Acceptable)					
			City	Orla		ial Dr FL	Zip Cod	2801	
	a named entity submits this statement tions of registered agent.	for the purpose of changing its r	registered office		V -		miliar with,	and accept	
		- T				.	٠, دسم		
SIGNATURE	Signature, typed or printed name of registered and	gt and title if applicable. (NOE	Registered Agent signs	iture required when rein	stabng)	3-26	-0)	.	
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,	Filing Fee is \$61.25		paign Financing		0 May Be	Make check			
	Due by May 1, 2007	Trust Fund C	ontribution.	Added	to Fees F	lorida Departr	nent of St	ate	
10.	Due by May 1, 2007 OFFICERS AND D	Trust Fund Co	ontribution.	Added ADDITIO	to Fees F DNS/CHANGES TO OFF	Iorida Departr	nent of St	10	
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TITLE NAME	OFFICERS AND D P MAYER, DANIEL	Trust Fund Co	11. ITLE NAME	ADDITION President Harold S	to Fees F	Florida Departr	nent of St	10	
TITLE NAME STREET ADDRESS	P MAYER, DANIEL 100 S MYRTLE AVE CLEARWATER, FL 33756 VP	Trust Fund Co	ONTRIBUTION. 11. TIFLE NAME STREET ADDRESS	Added ADDITION President Harold S 201 High Largo	to Fees F DNS/CHANGES TO OFF T SCHOMAKSY THIANA AK	Florida Departr ICERS AND DIRE	nent of St	10	
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12. Treieup cering that the information supplied with this lining 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 receiver or trustee emplowered 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:

CHATURE AND TYPED OF THE TITED NAME OF SIGNING OFFICER OF DIRECTOR

3-26-07

727-587-6746