

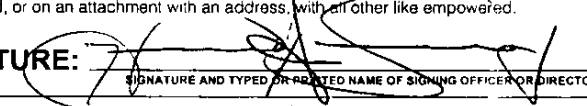


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 744396</b> 1. Entity Name <b>FLORIDA LOCAL GOVERNMENT INFORMATION SYSTEMS ASSOCIATION, INC.</b>					
Principal Place of Business <b>301 S. BRONOUGH STREET STE 300 TALLAHASSEE, FL 32301 US</b>				Mailing Address <b>P.O. BOX 1757 TALLAHASSEE, FL 32302-1757</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1894353</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MEYER, DANIEL R 125 E COLONIAL DRIVE ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name <b>Harold Schomaker</b> Street Address (P.O. Box Number is Not Acceptable) <b>125 E Colonial Dr</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32801</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>3-26-07</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MAYER, DANIEL</b> <b>100 S MYRTLE AVE</b> <b>CLEARWATER, FL 33756</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Harold Schomaker</b> <b>201 Highland Ave</b> <b>Largo FL 33779</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SCHOMAKER, HAROLD</b> <b>201 HIGHLAND AVE</b> <b>LARGO, FL 33770</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Peter Wallace</b> <b>PO Box 310</b> <b>Boynton Beach FL 33425</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORRIS, CHAD</b> <b>208 PANTON DR NORTH</b> <b>NICEVILLE, FL 32578</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Past President</b> <b>Daniel Mayer</b> <b>100 S Myrtle Ave</b> <b>Clearwater FL 33756</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CURTIS, PAT</b> <b>301 S MONROE, RMP308C</b> <b>TALLAHASSEE, FL 32301</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Steve Long</b> <b>228 S Massachusetts Ave</b> <b>Lakeland FL 33801</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WALLACE, PETER</b> <b>PO BOX 310</b> <b>BOYNTON BEACH, FL 33425</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Kevin Kryzda</b> <b>2401 SE Monterey Rd</b> <b>Stuart FL 34996</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HANSON, BOB</b> <b>1660 RINGLING BLVD 5TH FLOOR</b> <b>SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>3-26-07</b> Daytime Phone # <b>771-581-6746</b>	