

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90011 049 ****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**

40035227



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1894353

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SCHOMAKER, HAROLD
125 E COLONIAL DRIVE
ORLANDO, FL 32801**

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, 2008**

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
MAYER, DANIEL
100 S MYRTLE AVE
CLEARWATER, FL 33756** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Kevin Kryzda
3401 SE Monterey Rd
Stuart FL 34996** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SCHOMAKER, HAROLD
201 HIGHLAND AVE
LARGO, FL 33770** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Les Auerbach
222 E University Ave Ste 213
Gainesville FL 32602** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MORRIS, CHAD
208 PANTON DR NORTH
NICEVILLE, FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Christopher Thuraw
PO Drawer B
Starke FL 32091** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LONG, STEVE
228 S MASSACHUSETTS AVE
LAKELAND, FL 33801** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Muslim Gadiwalla
One Fourth St N
St. Petersburg FL 33701** ☐ 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
**Director
Robert Beach
1101 E First St Rm 2180
Sanford FL 32771** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HANSON, BOB
1660 RINGLING BLVD 5TH FLOOR
SARASOTA, FL 34236** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Barry Axelrod
3301 Tamiami Tr E
Naples FL 34112** ☐ Change ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-08 787-587-6746

As President of FLGISA

Director
melinda miller
210 Military Tr

Jupiter FL 33458

ATTACHMENT 40035227

744396

- Addition
