2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

ANNOAL	EPURI	

1. Entity Name	MENT # 744396 LOCAL GOVERNMENT IN S ASSOCIATION, INC.	FORMATION				02-29-2008 !	90011 ()49 ****6	1.25
Principal Place of Business 301 S. BRONOUGH STREET STE 300 TALLAHASSEE, FL 32301 US Mailing Address P.O. BOX 1757 TALLAHASSEE, FL 32302-175)2-1757			35227			
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01092008 C	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State		4. FEI Number 59-18943	53			plied For at Applicable	
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent			7. Name and Ad	dress of New R	egistered .	Agent	
001101441	CED HAROLD		Nan	ne					
SCHOMAKER, HAROLD 125 E COLONIAL DRIVE ORLANDO, FL 32801			Stre	Street Address (P.O. Box Number is Not Acceptable)					
			City				FL	Zip Cod	θ
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered offic	ce or register	ed agent, or both, i	n the State of Flo	rida. I am	farniliar with,	and accept
SIGNATURE	<u>:</u>							_	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I	Registered Agent s	agnature required	when reinstating)		DATE		
	Signature, typed or printed name of registered agent a	9. Election Camp	Registered Agent s			Ma		k payable t	<u> </u>
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financir	ŋġ 🗆	\$5.00 May Be Added to Fees	Flori	ake checi da Depar	k payable t tment of S	tate
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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: X AGNITURE AND TYPED OF PROTED NAME OF MENING OFFICER OR DIRECTOR -18-0 727-587-6746 Director ATTACHMENT 40035227

melinda miller 4744396

- Addition

Jupiter FL 33458