## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 744396** 

FILED Jaņ 15, 2<u>00</u>9 Secretary of State

Entity Name: FLORIDA LOCAL GOVERNMENT INFORMATION SYSTEMS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

301 S. BRONOUGH STREET STE 300 TALLAHASSEE, FL 32301

**New Mailing Address: Current Mailing Address:** 

P.O. BOX 1757 TALLAHASSEE, FL 323021757

FEI Number: 59-1894353 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHOMAKER, HAROLD FLORIDA LEAGUE OF CITIES 125 E COLONÍAL DRIVE 125 E COLONIAL DRIVE ORLANDO, FL 32801 ORLANDO, FL 32801

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.

SIGNATURE: FRANKLIN HAGY 01/15/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition MAYER, DANIEL KRYZDA, KEVIN Name: Name: 100 S MYRTLE AVE Address: 2401 SE MONTEREY ROAD Address:

City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: STUART, FL 34996

() Delete Title: (X) Change ( ) Addition SCHOMAKER, HAROLD Name: BEACH, ROBERT Name: Address: 201 HIGHLAND AVE Address: 1101 E FIRST STREET City-St-Zip: LARGO, FL 33770 City-St-Zip: SANFORD, FL 32771

Title: () Delete Title: SEC (X) Change ( ) Addition MORRIS, CHAD MILLER, MELINDA Name: Name:

210 MILITARY TRAIL Address: 208 PANTON DR NORTH Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: JUPITER, FL 33458

(X) Change ( ) Addition Title: () Delete Title: TREA Name: KRYZDA, KEVIN Name: AUERBACH, LES 222 E UNIVERSITY AVE SUITE 213 Address: 2401 SE MONTEREY RD Address:

City-St-Zip: STUART, FL 34996 City-St-Zip: GAINESVILLE, FL 32602

Title: () Delete Title: (X) Change ( ) Addition AUERBACH, LES SCHOMAKER, HAROLD Name: Name:

222 E UNIVERSITY AVE STE 213 201 HIGHLAND AVE Address: Address: City-St-Zip: GAINESVILLE, FL 32602 City-St-Zip: LARGO, FL 33770

Title: () Delete Title: (X) Change ( ) Addition

THUROW. CHRISTOPHER MORRIS, CHAD Name: Name: Address: POB 8 Address: 208 PARTIN DR NORTH STARKE, FL 32091 NICEVILLE, FL 32578 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANKLIN HAGY ED 01/15/2009

Electronic Signature of Signing Officer or Director

Date