

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748731

FILED
Apr 20, 2006
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF COUNTY ATTORNEYS, INC.

Current Principal Place of Business:

% FLORIDA ASSOCIATION OF COUNTIES
100 S MONROE ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 549
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-1990613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELEGAL, VIRGINIA S ESQ.
FLORIDA ASSOCIATION OF COUNTIES
100 S MONROE ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: COLLER, GARTH
Address: 20 NORTH MAIN STREET SUITE 462
City-St-Zip: BROOKSVILLE, FL 34601

Title: PD () Delete
Name: SANDY, MINKOFF
Address: 315 WEST MAIN ST STE 335
City-St-Zip: TAVARES, FL 32778

Title: SD () Delete
Name: JARRET, JOSEPH G
Address: 330 WEST CHURCH STREET
City-St-Zip: BARTOW, FL 33830

Title: TD () Delete
Name: JARRET, JOSEPH G
Address: 330 WEST CHURCH STREET
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLLER, GARTH
Address: 20 NORTH MAIN STREET SUITE 462
City-St-Zip: BROOKSVILLE, FL 34601

Title: PP (X) Change () Addition
Name: MINKOFF, SANDY
Address: 315 WEST MAIN ST STE 335
City-St-Zip: TAVARES, FL 32778

Title: VP (X) Change () Addition
Name: JARRET, JOSEPH G
Address: 330 WEST CHURCH STREET
City-St-Zip: BARTOW, FL 33830

Title: S/T (X) Change () Addition
Name: MULLIN, MIKE
Address: 96135 NASSAU PLACE
City-St-Zip: YULEE, FL 32097

I hereby certify that the information supplied with this filing does not qualify for the 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: GARTH COLLER

P

04/20/2006

Electronic Signature of Signing Officer or Director

Date