

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748731

FILED
Mar 19, 2009
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: P () Delete
Name: THIELE, HERBERT W A
Address: 301 SOUTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: S/T () Delete
Name: HALLMAN, DAVID
Address: P. O. BOX 1010
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HALLMAN, DAVID
Address: P. O. BOX 1010
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: S/T () Change (X) Addition
Name: MINKOFF, SANDY
Address: 315W. MAIN STREET, ST. 335
City-St-Zip: TAVARES, FL 32778

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: VIRGINIA S. DELEGAL, ESQ.

GC

03/19/2009

Electronic Signature of Signing Officer or Director

Date