

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90007 022 \*\*\*\*61.25

**DOCUMENT # 770047**

1. Entity Name  
**FLORIDA GOVERNMENT FINANCE OFFICERS  
ASSOCIATION INC.**



Principal Place of Business  
**301 S BRONOUGH ST  
PO BOX 1757  
TALLAHASSEE, FL 32302 US**

Mailing Address  
**301 S BRONOUGH ST  
PO BOX 1757  
TALLAHASSEE, FL 32302 US**

**50023629**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052006

Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2343053**

Applied For  
Not Applicable

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

**Garner**  
**HAGAN, JEANNIE**  
**301 S BRONOUGH ST**  
**TALLAHASSEE, FL 32301**

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 obligation of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/28/06**

DATE

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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 **D** ☐ Delete  
NAME **RAMAGLIA, FRANCINE**  
STREET ADDRESS **14000 GREENBRIAR BLVD**  
CITY-STATE-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **D** ☐ Delete  
NAME **FASTIER, MARK**  
STREET ADDRESS **2015 ROSALIND AVE 447**  
CITY-STATE-ZIP **ORLANDO, FL 32802**

TITLE **PE** ☒ Change ☐ Addition  
NAME **Foster, Mark**  
STREET ADDRESS **201 S. Rosalind Ave, 4th Floor**  
CITY-STATE-ZIP **Orlando, FL 32801**

TITLE **P** ☒ Delete  
NAME **MITCHELL, GIB**  
STREET ADDRESS **1565 FIRST STREET**  
CITY-STATE-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **D** ☐ Delete  
NAME **DWYER, JIM**  
STREET ADDRESS **111 W. MADISON ST RM 401**  
CITY-STATE-ZIP **TALLAHASSEE, FL 32399**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **D** ☐ Delete  
NAME **ELLIOTT, AMY**  
STREET ADDRESS **900 E. STRAWBRIDGE AVE.**  
CITY-STATE-ZIP **MELBOURNE, FL 32901**

TITLE **PE** ☒ Change ☐ Addition  
NAME **Elliott, Amy**  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **D** ☐ Delete  
NAME **DAVIDSON, LINDA**  
STREET ADDRESS **201 W. PALMETTO PARK ROAD**  
CITY-STATE-ZIP **BOCA RATON, FL 33432**

TITLE **ST** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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 #

**7/28/06**