


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000002496 1. Entity Name FLORIDA ASSOCIATION OF CHEMICAL TESTERS, INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL -5 AM 8:12

Principal Place of Business 1070 ANEHEIM COURT TALLAHASSEE, FL 32317	Mailing Address 1070 ANEHEIM COURT TALLAHASSEE, FL 32317
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06282006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3339937	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DOHERTY, ROGER J 1070 ANEHEIM COURT TALLAHASSEE, FL 32317

DO NOT WRITE
IN THIS SPACE

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 obligations of registered agent.

SIGNATURE 	DATE 4/28/2006
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(NOTE: Registered Agent signature required when reinstating)

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

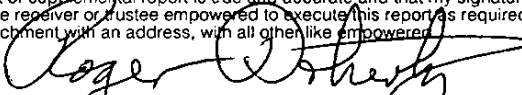
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOHERTY, ROGER J 1070 ANEHEIM COURT TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABORDA, LUIS 200 SW 66 AVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUIE, DANIEL 6263 WILLIAMS RD. TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGLO, CARLA 107 W GAINES ST, RM 531 TALLAHASSEE, FL 323991050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TABORDA, MARLENE 912 NW 32 CT. MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRANCH, JAMES P 500 EAST ADAMS ST JACKSONVILLE, FL 32202

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IN THIS SPACE

700077390177
07/12/06--01027--026 **61.25

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 empowerments.

SIGNATURE: 	Date 7/3/06 (850) 212-5766
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR