2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000002496 07 JUN 19 PM 3: 24 FLORIDA ASSOCIATION OF CHEMICAL TESTERS, INC. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 1070 ANEHEIM COURT 1070 ANEHEIM COURT TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06192007 Cha-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-3339937 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOHERTY, ROGER J Street Address (P.O. Box Number is Not Acceptable) 1070 ANEHEIM COURT TALLAHASSEE, FL 32317 Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9, Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution Florida Department of State Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change : ☐ Addition DOHERTY, ROGER J NAME NAME DOHERTY, ROGER J STREET ADDRESS 1070 ANAHEIM COURT STREET ADDRESS 1070 ANEHEIM COURT TALLAHASSEE, FL 32317 CITY-ST-ZIP TALLAHASSEE, FL 32317 CITY-ST-ZIP ם ☐ Delete TITLE Change ☐ Addition TITLE TABORDA, SGT. LUIS TABORDA, LUIS NAME NAME 200 SW 66 AVE 200 SW 66 AVE STREET ADDRESS STREET ADDRESS MIAMI, FL 33144 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33144 Delete TITLE ☐ Change ☐ Addition TITLE BUIE, DANIEL NAME NAME 300**104**386! 26/07--01046--009 STREET ADDRESS 6263 WILLIAMS RD. STREET ADDRESS TALLAHASSEE, FL 32311 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition OGLO, CARLA NAME NAME OGLO, CARLA 107 W GAINES ST, RM 531 STREET ADDRESS 6516 KINGMAN TRAIL STREET ADDRESS TALLAHASSEE, FL 32309 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 323991050 TITLE Defete TITLE ☐ Change Addition STRICKLAND, CPL. JAMES M TABORDA, MARLENE NAME NAME 2100 MAHAN DRIVE 912 NW 32 CT. STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-ZIP MIAMI, FL 33125 CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Defete BRANCH, SGT. JAMES P BRANCH, JAMES P NAME NAME STREET ADDRESS 500 EAST ADAMS ST STREET ADDRESS 500 EAST ADAMS ST JACKSONVILLE, FL 32202 CITY-ST-ZIP JACKSONVILLE, FL 32202 CITY-ST-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:

ROGER J. DOHERTY

oher

ATURE AND TYPED OR PRINTED NAME

6/18/07

(850) 212-5766