


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 JUN 19 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PCS

DOCUMENT # N02000002496					
1. Entity Name FLORIDA ASSOCIATION OF CHEMICAL TESTERS, INC.					
Principal Place of Business 1070 ANEHEIM COURT TALLAHASSEE, FL 32317		Mailing Address 1070 ANEHEIM COURT TALLAHASSEE, FL 32317			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3339937	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOHERTY, ROGER J 1070 ANEHEIM COURT TALLAHASSEE, FL 32317			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 obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOHERTY, ROGER J		NAME	DOHERTY, ROGER J	
STREET ADDRESS	1070 ANEHEIM COURT		STREET ADDRESS	1070 ANAHEIM COURT	
CITY-ST-ZIP	TALLAHASSEE, FL 32317		CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TABORDA, LUIS		NAME	TABORDA, SGT. LUIS	
STREET ADDRESS	200 SW 66 AVE		STREET ADDRESS	200 SW 66 AVE	
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUIE, DANIEL		NAME		
STREET ADDRESS	6263 WILLIAMS RD.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGLO, CARLA		NAME	OGLO, CARLA	
STREET ADDRESS	107 W GAINES ST, RM 531		STREET ADDRESS	6516 KINGMAN TRAIL	
CITY-ST-ZIP	TALLAHASSEE, FL 323991050		CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TABORDA, MARLENE		NAME	STRICKLAND, CPL. JAMES M	
STREET ADDRESS	912 NW 32 CT.		STREET ADDRESS	2100 MAHAN DRIVE	
CITY-ST-ZIP	MIAMI, FL 33125		CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	V	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANCH, JAMES P		NAME	BRANCH, SGT. JAMES P	
STREET ADDRESS	500 EAST ADAMS ST		STREET ADDRESS	500 EAST ADAMS ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	JACKSONVILLE, FL 32202	



06192007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3339937 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	
DOHERTY, ROGER J 1070 ANEHEIM COURT TALLAHASSEE, FL 32317		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 ROGER J. DOHERTY Date: 6/18/07 (850) 212-5766 Daytime Phone #