


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000002496 1. Entity Name FLORIDA ASSOCIATION OF CHEMICAL TESTERS, INC.	
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FILED
08 JUL 25 PM 1:21



Principal Place of Business 1070 ANAHEIM COURT TALLAHASSEE, FL 32317 US	Mailing Address 1070 ANAHEIM COURT TALLAHASSEE, FL 32317 US
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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07232008 Chg-NP CR2E037 (12/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-3339937	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent DOHERTY, ROGER J 1070 ANAHEIM COURT TALLAHASSEE, FL 32317	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

Filing Fee is \$61.25 Due by September 12, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete DOHERTY, ROGER J 1070 ANAHEIM COURT TALLAHASSEE, FL 32317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800133812178 07/31/08--01016--008 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete TABORDA, LUIS 200 SW 66 AVE MIAMI, FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete BUIE, DANIEL 6263 WILLIAMS RD TALLAHASSEE, FL 32311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FRAIOLI, JAY 1011 N.W. 111 AVENUE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete OGLO, CARLA 6516 KINGMAN TRAIL TALLAHASSEE, FL 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STRICKLAND, JAMES M 2100 MAHAN DRIVE TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BRANCH, JAMES P 500 EAST ADAMS ST JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** 7/25/08 (850) 212-5766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #