




2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000002496 1. Entity Name FLORIDA ASSOCIATION OF CHEMICAL TESTERS, INC.						FILED 08 JUL 25 PM 1:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 1070 ANAHEIM COURT TALLAHASSEE, FL 32317 US				Mailing Address 1070 ANAHEIM COURT TALLAHASSEE, FL 32317 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip		Country		Zip		Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
DOHERTY, ROGER J 1070 ANAHEIM 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>								
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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	S <input type="checkbox"/> Delete			TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DOHERTY, ROGER J			NAME	800133812178			
STREET ADDRESS	1070 ANAHEIM COURT			STREET ADDRESS	07/31/08--01016--008 **61.25			
CITY-ST-ZIP	TALLAHASSEE, FL 32317			CITY-ST-ZIP				
TITLE	V <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TABORDA, LUIS			NAME				
STREET ADDRESS	200 SW 66 AVE			STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33144			CITY-ST-ZIP				
TITLE	T <input checked="" type="checkbox"/> Delete			TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	BUIE, DANIEL			NAME	FRAIOLI, JAY			
STREET ADDRESS	6263 WILLIAMS RD			STREET ADDRESS	1011 N.W. 111 AVENUE			
CITY-ST-ZIP	TALLAHASSEE, FL 32311			CITY-ST-ZIP	MIAMI, FL 33172			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	OGLO, CARLA			NAME				
STREET ADDRESS	6516 KINGMAN TRAIL			STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE, FL 32309			CITY-ST-ZIP				
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STRICKLAND, JAMES M			NAME				
STREET ADDRESS	2100 MAHAN DRIVE			STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE, FL 32308			CITY-ST-ZIP				
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BRANCH, JAMES P			NAME				
STREET ADDRESS	500 EAST ADAMS ST			STREET ADDRESS				
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 7/25/08 (850) 212-5766				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>				