2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 29, 2008 8:00 am **Secretary of State**

02-29-2008 90011 004 ****61.25

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Entity Name



FLORIDA LEAGUE OF MAYORS, INC. Principal Place of Business Mailing Address 301 SOUTH BRONOUGH STREET 301 SOUTH BRONOUGH STREET SUITE 300 SUITE 300 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business - No.P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 Chg-NP CR2E037 (12/06) City & State City & State Applied For 76-0808780 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SITTIG, MICHAEL 301 SOUTH BRONOUGH STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 300 TALLAHASSEE, FL 32301 City 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. 1 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) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Steven B. Feren mayor TITLE ☐ Delete TITLE Addition ABRAMS, STEVE MAYOR NAME Sunnse, FL 33351 STREET ADDRESS 201 W PALMETTO PARK ROAD STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP CITY-ST-7/P D TITL F Delete TITLE D-Elect Change M Addition POSTON, WAYNE MAYOR Peegen Hannihan NAME NAME STREET ADDRESS 101 OLD MAIN STREET STREET ADDRESS PO-85- 490-19 CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP 32602-0490 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME SLESNICK, DONALD MAYOR NAME STREET ADDRESS 405 BILTMORE WAY STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33114 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BROOKS, BILL MAYOR NAME NAME 1600 NELA AVE, BELLE ISLE STREET ADDRESS STREET ADORESS CITY-ST-ZIP ORLANDO, FL 32809 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GIBSON, SHIRLEY MAYOR NAME 1515 NW 167TH STREET, SUITE 200, BLDG 5 STREET ADDRESS STREET ADDRESS MIAMI GARDENS, FL 33169 CITY+ST-ZIP CITY-ST-ZIP T 1 ☐ Delete TITLE TITLE ☐ Change Addition MARKS, JOHN MAYOR NAME 300 S ADAMS STREET STREET ADDRESS STREET ADORESS CITY-ST-ZIP TALLAHASSEE, FL 32301 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 a formation of the receiver of trustee empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN B. FEREN

954)746-3250