

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001849

FILED
Jan 20, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF CADASTRAL MAPPERS, INC.

Current Principal Place of Business:

2300 VIRGINIA AVENUE
FORT PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 881436
PORT SAINT LUCIE, FL 34988 US

New Mailing Address:

FEI Number: 30-0096372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGERSOLL, JOYCE
227 SW MANATEE SPRINGS WAY
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

INGERSOLL, JOYCE
346 SW SEAFLOWER TERRACE
PORT ST. LUCIE, FL 34984 US

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.

SIGNATURE: JOYCE INGERSOLL

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: INGERSOLL, JOYCE
Address: 2300 VIRGINIA AVENUE
City-St-Zip: FORT PIERCE, FL 34982

Title: S () Delete
Name: KALUS, MATT
Address: 200 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: P () Delete
Name: BAUSOLA, JOHN
Address: 2300 VIRGINIA AVENUE
City-St-Zip: FORT PIERCE, FL 34982

Title: V () Delete
Name: WENTWORTH, MICHAEL
Address: 2300 VIRGINIA AVENUE
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: BENTON, JOHN
Address: 231 E FORSYTH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: MAASCH, JEFF
Address: 1840 25TH ST
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: KALUS, MATT
Address: 200 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: S (X) Change () Addition
Name: WALKER, CAROL
Address: 255 N WILSON AVENUE
City-St-Zip: BARTOW, FL 33830

Title: P (X) Change () Addition
Name: WENTWORTH, MICHAEL
Address: 2300 VIRGINIA AVENUE
City-St-Zip: FORT PIERCE, FL 34982

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE INGERSOLL

T

01/20/2009

Electronic Signature of Signing Officer or Director

Date