2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004062

Apr 30, 2009 Secretary of State

Entity Name: FLORIDA CHAPTER OF THE URBAN AND REGIONAL INFORMATION SYSTEMS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1597 62ND AVENUE NORTH ST. PETERSBURG, FL 33702

Current Mailing Address: New Mailing Address:

1597 62ND AVENUE NORTH PO BOX 931

ST. PETERSBURG, FL 33702 CLEARWATER, FL 33757

FEI Number: 65-0879737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEANE, WILLIAM W 1597 62ND AVENUE NORTH ST. PETERSBURG, FL 33702

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:

- Clarkenia Ginnakun af Davistonad Anant

Electronic Signature of Registered Agent

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ()Delete Title: ()Change ()Addition
Name: HARTSFIELD, LEE Name:

Address: 301 S. MONROE ST. Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

Name: KURA, EDWARD Name: PALMER, SAM

Address: 2301 MAITLAND CENTER PKWY, SUITE 300 Address: 431 ARCHITECTURE BLDG City-St-Zip: MAITLAND, FL 32751 City-St-Zip: GAINESVILLE, FL 32611

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 CARNOW, ADAM
 Name:
 STROPPEL, BRAD

 Address:
 2205 N. 20TH ST.
 Address:
 500 W. LAKE MARY BLVD

 City-St-Zip:
 TAMPA, FL 33605
 City-St-Zip:
 SANFORD, FL 32773

Title: VD () Delete Title: () Change () Addition

 Name:
 WALTER, WILLIAM
 Name:

 Address:
 5300 W. CYPRESS ST., SUITE 200
 Address:

 City-St-Zip:
 TAMPA, FL 33607
 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: WILLIAM E. WALTER VD 04/30/2009