

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004668

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA ASSOCIATION OF COUNTY HUMAN SERVICES ADMINISTRATORS, INC.

**Current Principal Place of Business:**

100 SOUTH MONROE STREET  
TALLAHASSEE, FL 32302

**New Principal Place of Business:**

**Current Mailing Address:**

100 SOUTH MONROE STREET  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:** 59-3527802

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLORIDA ASSOCIATION OF COUNTIES, INC.  
100 SOUTH MONROE STREET  
TALLAHASSEE, FL 32302 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RYDER, BETH  
Address: 437 NORTH 7TH STREET  
City-St-Zip: FT. PIERCE, FL 34950

Title: VP  
Name: TRACY, PAULINE  
Address: 2200 RINGLING BLVD.  
City-St-Zip: SARASOTA, FL 34237

Title: T  
Name: TUCK, CLAUDIA  
Address: 810 DATURA ST  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S  
Name: KRUMBINE, MARCY  
Address: 3301 E. TAMiami TRAIL  
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: BETH RYDER

P

03/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date