

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004668

FILED
Feb 24, 2011
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: TRACY, PAULINE
Address: 2200 RINGLING BLVD., SUITE 2001
City-St-Zip: SARASOTA, FL 34237

Title: PE
Name: TUCK, CLAUDIA
Address: 810 DATURA STREET
City-St-Zip: WEST PALM BEACH, FL 33402

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

Title: S
Name: WARREN, ELMIRA
Address: 218 SE 24TH STREET
City-St-Zip: GAINESVILLE, FL 32641

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

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: PAULINE TRACY

P

02/24/2011

Electronic Signature of Signing Officer or Director

Date