

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000001073

Entity Name: FLORIDA ASSOCIATION OF COUNTY MANAGERS, INC.**Current Principal Place of Business:**100 SOUTH MONROE STREET
TALLAHASSEE, FL 32301**Current Mailing Address:**100 SOUTH MONROE STREET
TALLAHASSEE, FL 32301**FEI Number:** 47-3029224**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DELEGAL, VIRGINIA S ESQ.
100 SOUTH MONROE STREET
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	FLORES, HECTOR
Address	CHARLOTTE COUNTY 18500 MURDOCK CIRCLE
City-State-Zip:	PORT CHARLOTTE FL 33980

Title	PRESIDENT ELECT
Name	HOFSTAD, JOHN
Address	OKALOOSA COUNTY 1250 EGLIN PKWY. N., STE. 102
City-State-Zip:	SHALIMAR FL 32579

Title	IMMEDIATE PAST PRESIDENT
Name	MICHELE, LIEBERMAN
Address	ALACHUA COUNTY 12 S.E. 1ST ST., 2ND FL.
City-State-Zip:	GAINESVILLE FL 32601

Title	PRESIDENT
Name	VERDENIA, BAKER
Address	PALM BEACH COUNTY 301 NORTH OLIVE AVENUE
City-State-Zip:	WEST PALM BEACH FL 33401

Title	SECRETARY
Name	JONATHAN, LEWIS
Address	SARASOTA COUNTY 1660 RINGLING BLVD.
City-State-Zip:	SARASOTA FL 34236

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: JONATHAN LEWIS**SECRETARY****01/31/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date