

2018 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	BROWN, JASON
Address	INDIAN RIVER 1801 27TH STREET
City-State-Zip:	VERO BEACH FL 32960-3365

Title	PRESIDENT
Name	GASTESI, ROMAN
Address	MONROE COUNTY 1100 SIMONTON STREET, SUITE 205
City-State-Zip:	KEY WEST FL 33040

Title	SECRETARY
Name	KOPELOUSOS, STEPHANIE
Address	CLAY COUNTY P.O. BOX 1366
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	IMMEDIATE PAST-PRESIDENT
Name	HENRY, BERTHA
Address	BROWARD COUNTY 115 S. ANDREWS AVE., #409
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	PRESIDENT-ELECT
Name	CHAPMAN, CHARLES
Address	HENDRY COUNTY 640 SOUTH MAIN STREET
City-State-Zip:	LABELLE FL 33975

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: STEPHANIE KOPELOUSOS**SECRETARY****01/26/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date