

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000005221

1. Entity Name

**FLORIDA WORKERS' COMPENSATION INSURANCE
GUARANTY ASSOCIATION, INCORPORATED**



Principal Place of Business

**1425 EAST PIEDMONT DR
SUITE 201B
TALLAHASSEE, FL 32308 US**

Mailing Address

**P.O. BOX 15159
TALLAHASSEE, FL 32317 US**



01222004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3469214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**GRIPPA, ANTHONY M
1425 E PIEDMONT DR
SUITE 201B
TALLAHASSEE, FL 32308**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	STAHL, TOM
STREET ADDRESS	116 SOUTH MONROE STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32302
TITLE	D
NAME	WHITE, FRANK
STREET ADDRESS	901 NW 51 STREET
CITY-ST-ZIP	BOCA RATON, FL 334314425
TITLE	DV
NAME	TICKNER, JOHN J
STREET ADDRESS	21255 CALIFA STREET
CITY-ST-ZIP	WOODLAND HILLS, CA 91367
TITLE	D
NAME	JACOBS, G.W.
STREET ADDRESS	6300 UNIVERSITY PARKWAY
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	M
NAME	GRIPPA, ANTHONY M
STREET ADDRESS	1425 E PIEDMONT DRIVE SUITE 201B
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	ST
NAME	ROBINSON, SANDRA J
STREET ADDRESS	1425 E PIEDMONT DRIVE SUITE 201B
CITY-ST-ZIP	TALLAHASSEE, FL 32308

000000035794
02/06/04-80033-004 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOM STAHL

Date

1/27/2004 850-386-9200

Daytime Phone #