

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005221

FILED  
Apr 18, 2008  
Secretary of State

**Entity Name:** FLORIDA WORKERS' COMPENSATION INSURANCE GUARANTY ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

1400 OVEN PARK DRIVE  
TALLAHASSEE, FL 32308 US

**Current Mailing Address:**

P.O. BOX 15159  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

**FEI Number:** 59-3469214      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LYDECKER, RICHARD ESQ.  
C/O LYDECKER & WADSWORTH, LLC  
1201 BRICKELL AVE, SUITE 200  
MIAMI, FL 33131 US

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

LYDECKER, RICHARD ESQ.  
C/O LYDECKER, LEE, BEHAR, BERGA & DE ZAYAS  
1201 BRICKELL AVE, 5TH FLOOR  
MIAMI, FL 33131 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:

04/18/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: STAHL, THOMAS W  
Address: 116 S MONROE STREET, 3RD FLOOR  
City-St-Zip: TALLAHASSEE, FL 32302

Title: SM ( ) Delete  
Name: ROBINSON, SANDRA J CPA  
Address: 1425 EAST PIEDMONT DR SUITE 201B  
City-St-Zip: TALLAHASSEE, FL 32308

Title: T ( ) Delete  
Name: NOWELL LOVERN, MICHELLE  
Address: 1425 EAST PIEDMONT DR SUITE 201B  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: TICKNER, JOHN J  
Address: 21255 CALIFA ST  
City-St-Zip: WOODLAND HILLS, CA 91367

Title: D ( ) Delete  
Name: BACHAND, CHARLES  
Address: 6300 UNIVERSITY PKWY  
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete  
Name: COSTA, JIM  
Address: 7870 WOODLAND CENTER BLVD  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DC (X) Change ( ) Addition  
Name: STAHL, THOMAS W  
Address: 1400 OVEN PARK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: SM (X) Change ( ) Addition  
Name: ROBINSON, SANDRA J CPA  
Address: 1400 OVEN PARK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: T (X) Change ( ) Addition  
Name: LOVERN, MICHELLE N  
Address: 1400 OVEN PARK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Change ( ) Addition  
Name: TICKNER, JOHN J  
Address: 1400 OVEN PARK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Change ( ) Addition  
Name: BACHAND, CHARLES  
Address: 1400 OVEN PARK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Change ( ) Addition  
Name: COSTA, JIM  
Address: 1400 OVEN PARK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS D. STREUKENS

D-OP

04/18/2008

Electronic Signature of Signing Officer or Director

Date