

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005221

FILED  
Mar 05, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1400 OVEN PARK DRIVE  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**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, LEE, BEHAR, BERGA & DE ZAYAS  
1201 BRICKELL AVE, 5TH FLOOR  
MIAMI, FL 33131 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: DC ( ) Delete  
Name: STAHL, THOMAS W  
Address: 1400 OVEN PARK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

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

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

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

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

03/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date