

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90060 032 ****61.25

DOCUMENT # 730331

1. Entity Name
**ASSOCIATED INDUSTRIES OF FLORIDA POLITICAL
ACTION COMMITTEE, INC.**



Principal Place of Business
**516 N. ADAMS STREET
TALLAHASSEE, FL 32301**

Mailing Address
**PO BOX 10085
TALLAHASSEE, FL 32302**

40098843



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1541669

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BISHOP, BARNEY T III
516 NORTH ADAMS STREET
TALLAHASSEE, FL 32302**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **C**
STREET ADDRESS **ZAGORAC, MICHAEL JR**
CITY-ST-ZIP **13300 INDIAN ROCKS ROAD #1204
LARGO, FL 337742012**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **MCRAE, ROBERT D**
CITY-ST-ZIP **516 N ADAMS
TALLAHASSEE, FL 32301**

TITLE ☒ Delete
NAME **CEOD**
STREET ADDRESS **SHEBEL, JON L.**
CITY-ST-ZIP **516 N. ADAMS STREET
TALLAHASSEE, FL 32301**

TITLE ☐ Delete
NAME **PS**
STREET ADDRESS **BISHOP, BARNEY T III**
CITY-ST-ZIP **516 N. ADAMS ST
TALLAHASSEE, FL 32301**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HINSON, CHARLES O III**
CITY-ST-ZIP **106 E. COLLEGE AVENUE, SUITE 630
TALLAHASSEE, FL 32301**

TITLE ☐ Delete
NAME **VC**
STREET ADDRESS **WAYNE, DAVIS T**
CITY-ST-ZIP **1910 SAN MARCO BLVD
JACKSONVILLE, FL 32207**

TITLE ☐ Change ☒ Addition
NAME **C**
STREET ADDRESS **Doug Bailey**
CITY-ST-ZIP **106 East College Avenue, Suite 700
Tallahassee, FL 32301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barney T. Bishop III

05/01/2007

Date

(850)224-7173

Daytime Phone #