2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001721

FILED Feb 02, 2009 Secretary of State

Entity Name: GOVERNMENT SUPERVISORS ASSOCIATION OF FLORIDA, OPEIU, LOCAL UNION NO. 100

HOLDING CORPORATION

Current Principal Place of Business: New Principal Place of Business:

11340 INTERCHANGE CIRCLE NORTH 3600 RED ROAD MIRAMAR, FL 33025 SUITE 405

MIRAMAR, FL 33025

Current Mailing Address: New Mailing Address:

11340 INTERCHANGE CIRCLE NORTH 3600 RED ROAD MIRAMAR, FL 33025 SUITE 405

MIRAMAR, FL 33025

FEI Number: 59-2508942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SUGARMAN, ROBERT A 100 MIRACLÉ MILE SUITE 300 CORAL GABLES, FL 33134 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:

Name:

Address:

City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change (X) Addition BLACKMAN, GREG PD Name: Name: Address: Address: 7801 FAIRWAY BLVD. City-St-Zip: City-St-Zip: MIRAMAR, FL 33023 Title: Title: () Change (X) Addition () Delete Name: Name: CASTILLO, OTTO VD Address: Address: 11205 SW 99TH COURT City-St-Zip: City-St-Zip: MIAMI, FL 33176 Title: () Delete Title: 2VD () Change (X) Addition SPANIE, SHIRLEY 2VD Name: Name: 5741 SW 53RD TERRACE Address: Address: City-St-Zip: City-St-Zip: **DAVIE. FL 33314** () Change (X) Addition Title: () Delete Title: 2VD Name: Name: SLADE, BILL 2VD Address: Address: 14845 SW 174TH STREET City-St-Zip:

City-St-Zip: MIAMI, FL 33187

Title: Title:

() Delete () Change (X) Addition CLARIT, WALTER T Name: Name: 2830 NW 65TH STREET Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33147

Title: () Delete Title: () Change (X) Addition

COLE. MICHAEL Name: Address: 13003 SW 114 PLACE MIAMI, FL 33176 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: GREG BLACKMAN PD 02/02/2009