

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006536

Entity Name: FLORIDA ASSOCIATION OF PROFESSIONAL LOBBYISTS, INC.**FILED**
Jan 22, 2014
Secretary of State
CC0132800943**Current Principal Place of Business:**1625 SUMMIT LAKE DRIVE
STE 300
TALLAHASSEE, FL 32317**Current Mailing Address:**1625 SUMMIT LAKE DRIVE
STE 300
TALLAHASSEE, FL 32317**FEI Number: 32-0028505****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LANDRETH, MARK
150 S MONROE STE 400
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	GREEN, JENNIFER
Address	P O BOX 390
City-State-Zip:	TALLAHASSEE FL 32302

Title	CHAIRMAN
Name	BOHANNON, HUBERT
Address	101 N MONROE STREET STE 725
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	GONZALEZ, JOSE
Address	907 LASSWADE DR.
City-State-Zip:	TALLAHASSEE FL 32312

Title	VC
Name	MICA, DAVID
Address	215 S MONROE STREET SUITE 800
City-State-Zip:	TALLAHASSEE FL 32301

Title	SECRETARY, TREASURER
Name	HIGHTOWER, MICHAEL
Address	4800 DEERWOOD CAMPUS PKWY. DC3-4
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	CARLSON, MICHAEL
Address	215 S MONROE ST., STE 835
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	EIKENBERG, ERIC
Address	P O BOX 810
City-State-Zip:	TALLAHASSEE FL 32302

Title	DIRECTOR
Name	ERICKS, CANDICE
Address	215 S ADAMS STREET
City-State-Zip:	TALLAHASSEE FL 32301

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I hereby 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 all other like empowered.

SIGNATURE: HUBERT BOHANNON**CHAIR****01/22/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FILLMORE-MATEO, PAULA
Address 150 S MONROE STREET SUITE 400
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name LEONHARDT, FREDERICK
Address 301 E PINE STREET, SUITE 1400
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name BECKER, ANDREA
Address 311 E PARK AVE.
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name BRAWER, MICHAEL P
Address 113 E COLLEGE AVENUE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name KILLINGER, LORI
Address 315 S CALHOUN STREET, SUITE 830
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name SMITH, JOHN W
Address P.O. BOX 10930
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name GOLDSTEIN, SUSAN
Address 215 W. COLLEGE AVE., STE. 411
City-State-Zip: TALLAHASSEE FL 32301