

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006536

**Entity Name:** FLORIDA ASSOCIATION OF PROFESSIONAL LOBBYISTS, INC.**FILED**  
**Feb 08, 2017**  
**Secretary of State**  
**CC6413347624****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:**BOWEN, AMANDA  
1625 SUMMIT LAKE DRIVE  
STE 300  
TALLAHASSEE, FL 32317 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:** AMANDA BOWEN

02/08/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** DIRECTOR  
**Name** GONZALEZ, JOSE  
**Address** 907 LASSWADE DR.  
**City-State-Zip:** TALLAHASSEE FL 32312**Title** CHAIR  
**Name** HIGHTOWER, MICHAEL  
**Address** 1625 SUMMIT LAKE DRIVE  
STE 300  
**City-State-Zip:** TALLAHASSEE FL 32317**Title** DIRECTOR  
**Name** ERICKS, CANDICE  
**Address** 215 S ADAMS STREET  
**City-State-Zip:** TALLAHASSEE FL 32301**Title** DIRECTOR  
**Name** ASH, DAVID  
**Address** 1625 SUMMIT LAKE DRIVE  
STE 300  
**City-State-Zip:** TALLAHASSEE FL 32317**Title** DIRECTOR, EXECUTIVE COMMITTEE  
REPRESENTATIVE  
**Name** MICA, DAVID  
**Address** 1625 SUMMIT LAKE DRIVE  
STE 300  
**City-State-Zip:** TALLAHASSEE FL 32317**Title** DIRECTOR  
**Name** EIKENBERG, ERIC  
**Address** P O BOX 810  
**City-State-Zip:** TALLAHASSEE FL 32302**Title** DIRECTOR  
**Name** KILLINGER, LORI  
**Address** 1625 SUMMIT LAKE DRIVE  
STE 300  
**City-State-Zip:** TALLAHASSEE FL 32317**Title** DIRECTOR  
**Name** SMITH, JOHN W  
**Address** P.O. BOX 10930  
**City-State-Zip:** TALLAHASSEE FL 32302**Continues on page 2**

*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:** DOUG WHEELER**SECRETARY-TREASURER** 02/08/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR, EXECUTIVE COMMITTEE  
REPRESENTATIVE  
Name GREEN, JENNIFER  
Address 1625 SUMMIT LAKE DRIVE  
STE 300  
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR  
Name REED, CASEY  
Address 1625 SUMMIT LAKE DRIVE  
STE 300  
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR  
Name CARLSON, MIKE  
Address 1625 SUMMIT LAKE DRIVE  
STE 300  
City-State-Zip: TALLAHASSEE FL 32317

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

Title SECRETARY-TREASURER  
Name WHEELER, DOUG  
Address 1625 SUMMIT LAKE DRIVE  
STE 300  
City-State-Zip: TALLAHASSEE FL 32317

Title VICE-CHAIR  
Name KOTTKAMP, JEFF  
Address 1625 SUMMIT LAKE DRIVE  
STE 300  
City-State-Zip: TALLAHASSEE FL 32317