

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000732

Entity Name: ENTERPRISE FLORIDA, INC.**Current Principal Place of Business:**800 N MAGNOLIA AVE
SUITE 1100
ORLANDO, FL 32803**Current Mailing Address:**800 N MAGNOLIA AVE
SUITE 1100
ORLANDO, FL 32803 US**FEI Number:** 59-3165226**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MURPHY, PAMELA
800 N MAGNOLIA AVE
SUITE 1100
ORLANDO, FL 32803 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	P
Name	SWOOPE, GRAY
Address	800 N MAGNOLIA AVE SUITE 1100
City-State-Zip:	ORLANDO FL 32803

Title	V
Name	SALMON, GRIFF
Address	800 N. MAGNOLIA AVENUE, SUITE 1100
City-State-Zip:	ORLANDO FL 32803

Title	C
Name	SCOTT, RICK
Address	PL-05 THE CAPITOL
City-State-Zip:	TALLAHASSEE FL 32399

Title	V
Name	LAUBSCHER, LOUIS
Address	800 N MAGNOLIA AVE SUITE 1100
City-State-Zip:	ORLANDO FL 32803

Title	VC
Name	BECKER, ALAN
Address	1 EAST BROWARD BLVD SUITE 1800
City-State-Zip:	FT. LAUDERDALE FL 33301

Title	T
Name	MURPHY, PAMELA
Address	800 N MAGNOLIA AVE SUITE 1100
City-State-Zip:	ORLANDO FL 32801

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: PAMELA MURPHYVP FINANCE &
ACCOUNTING

02/04/2015

Electronic Signature of Signing Officer/Director Detail_____
Date