

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:**

DUSTI, LORNA  
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: LORNA DUSTI**

**08/03/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	ANTONACCI, PETER
Address	800 N MAGNOLIA AVE 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	T
Name	SCHLOTMAN, ROBERT L
Address	800 N MAGNOLIA AVE SUITE 1100
City-State-Zip:	ORLANDO FL 32803

Title	V
Name	GRISSOM, MIKE
Address	800 N MAGNOLIA AVE SUITE 1100
City-State-Zip:	ORLANDO FL 32803
Title	VC
Name	CONNALLY, STAN
Address	ONE ENERGY PLACE SUITE 1800
City-State-Zip:	PENSACOLA FL 32520
Title	SECRETARY
Name	FENNELL, SCOTT
Address	800 N MAGNOLIA AVE SUITE 1100
City-State-Zip:	ORLANDO FL 32803

*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: ROBERT SCHLOTMAN**

**T**

**08/03/2017**

Electronic Signature of Signing Officer/Director Detail

Date