

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000002420

Entity Name: FLORIDA MINE SAFETY & HEALTH ASSOCIATION, INC.**Current Principal Place of Business:**2916 EAST PARK AVENUE
TALLAHASSEE, FL 32301**Current Mailing Address:**2916 EAST PARK AVENUE
TALLAHASSEE, FL 32301**FEI Number: 36-4750771****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MADIGAN LAW FIRM, P.L.
ATTN: TERRELL C MADIGAN
215 EAST THARPE STREET
TALLAHASSEE, FL 32303 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 PD
Name CORLEY, KEN
Address 1727 VIRGINIA COURT
City-State-Zip: LAKELAND FL 33813

Title VD
Name JOHNSON, DAVID
Address 3904 LEVINS ROAD
City-State-Zip: MULBERRY FL 33860

Title SD
Name NIX, SHERRI
Address 1130 DADE STREET
City-State-Zip: QUINCY FL 32351

Title TD
Name BATTS, MIKE
Address 2916 EAST PARK AVENUE
City-State-Zip: TALLAHASSEE FL 32301

Title D
Name CLARK, NAN
Address 125 WEST VINE STREET
City-State-Zip: BARTOW FL 33830

Title D
Name MILLER, KAREN
Address 75 COLLEGE DRIVE
City-State-Zip: HAVANA FL 32333

Title DIRECTOR
Name HART, W. BEN
Address 2916 EAST PARK AVENUE
City-State-Zip: TALLAHASSEE FL 32301

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: W. BEN HART**DIRECTOR****02/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date