

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700091

FILED
Jan 14, 2009
Secretary of State

Entity Name: FLORIDA EMPLOYERS EXCHANGE, INC.

Current Principal Place of Business:

7365 MERCHANT CT STE 8
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

7365 MERCHANT CT STE 8
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 59-1118045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOYARS, GLENDA F
7365 MERCHANT CT STE 8
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STAFFORD, JOHN
Address: 8592 POTTER PARK DR STE 200
City-St-Zip: SARASOTA, FL 34238 US

Title: VCD () Delete
Name: FLANDERS, ROBERT W
Address: 2160 PRINCETON STREET
City-St-Zip: SARASOTA, FL 34237 US

Title: D () Delete
Name: FOXWORTHY, RONALD
Address: 7200 CHAMELEON WAY
City-St-Zip: SARASOTA, FL 34241 US

Title: CD () Delete
Name: JACOBS, GORDON W
Address: 6300 UNIVERSITY PKWY
City-St-Zip: SARASOTA, FL 34240 US

Title: STD () Delete
Name: KOVAL, THOMAS A
Address: 6300 UNIVERSITY PKWY
City-St-Zip: SARASOTA, FL 34240 US

Title: D () Delete
Name: MCDONOUGH, DONALD F
Address: 6468 PARKLAND DR
City-St-Zip: SARASOTA, FL 34243 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT W FLANDERS

VCD

01/14/2009

Electronic Signature of Signing Officer or Director

Date