

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701645

FILED
Apr 25, 2007
Secretary of State

Entity Name: FLORIDA SURPLUS LINES ASSOCIATION, INC.

Current Principal Place of Business:

2320 CHARTLEY LANE
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

PO BOX 331444
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 59-2512705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOBLER, ROGER T
2320 CHARTLEY LANE
JACKSONVILLE, FL 32246 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: PE () Delete
Name: WOJCHICK, EDWARD
Address: P O BOX 720579
City-St-Zip: ORLANDO, FL 32872

Title: D () Delete
Name: FINVER, STEVEN
Address: 6413 CONGRESS AVE., STE 110
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: BOWERS, BRUCE
Address: 2150 SOUTH ANDREWS
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D () Delete
Name: ROY, FABRY
Address: 3350 S. DIXIE HWY
City-St-Zip: MIAMI, FL 33133

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PE (X) Change () Addition
Name: FINVER, STEPHEN
Address: 6413 CONGRESS AVE., STE 110
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Change () Addition
Name: SKIP, WOLF
Address: 10151 DEERWOOD PARK BLVD. B100, STE 200
City-St-Zip: JACKSONVILLE, FL 32256

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

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

Title: D () Change (X) Addition
Name: TERRI DESHONG,
Address: 1211 STATE RD. 436, STE 227
City-St-Zip: CASSELBERRY, FL 32707

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: ROGER T. GOBLER

RA

04/25/2007

Electronic Signature of Signing Officer or Director

Date