

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 14, 2008 08:00 AM
Secretary of State**

DOCUMENT # 705962

1. Entity Name
**FLORIDA STATE FARM EMPLOYEES ACTIVITIES
ASSOCIATION, INCORPORATED**



Principal Place of Business

**7401 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33888 US**

Mailing Address

**7401 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33888 US**



05122008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1033224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEAVER, JOHN
7401 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33888**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000351485
06/04/08-80034-013 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FLOWERS, SUE
7401 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33888**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BROWN, VON
7401 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33888**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MUNIZ, LISA
7401 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33888**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MANESS, KIM
7401 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33888**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ATD
CANCINO, JOE
7401 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33888**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE:

Kim Maness TD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/08
Date

863-318-3476
Daytime Phone #