


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90030 048 ****70.00

| | |
|--|---|
| DOCUMENT # 736226 |  |
| Entity Name FLORIDA SCHOOL LABOR RELATIONS SERVICE, INC. | |

| | |
|---|---|
| Principal Place of Business 203 SO MONROE TALLAHASSEE, FL 32301 | Mailing Address 203 SO MONROE TALLAHASSEE, FL 32301 |
|---|---|

40044366



02212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 59-1796844 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

6. Name and Address of Current Registered Agent

SCHMIDT, MAX
203 SO MONROE ST.
TALLAHASSEE, FL 32301

**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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | SD |
| NAME | SCHMIDT, MAX |
| STREET ADDRESS | 203 S MONROE STREET |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 |

| | |
|----------------|--|
| TITLE | CD |
| NAME | GONKIN, COLLEEN MARGARET A. SMITH |
| STREET ADDRESS | 220 OCEAN PALM DR FOD 2118 |
| CITY-ST-ZIP | FLAGLER BEACH, FL 32136 DELAND, FL 32721-2118 |

| | |
|----------------|--|
| TITLE | VCD |
| NAME | COX, WALLY BILL GRAHAM |
| STREET ADDRESS | 420 SCHOOL STREET 3340 FOREST HILL BLVD, SE-6-316 |
| CITY-ST-ZIP | SEBRING, FL 33870 WEST PALM BEACH, FL 33406 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
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 empowered.

SIGNATURE: Max L. Schmidt MAX L. SCHMIDT 3-6-08 850 414 2578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #