

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90105 043 ****61.25

DOCUMENT # 745244					
1. Entity Name FLORIDA PUBLIC EMPLOYER LABOR RELATIONS ASSOCIATION, INC.					
Principal Place of Business FPFLRA P.O. BOX 1618 HIGH SPRINGS, FL 32655 US			Mailing Address FPFLRA P.O. BOX 1618 HIGH SPRINGS, FL 32655 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04072006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2983012				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLS, SUE 6130 N.W. 29TH ST. GAINESVILLE, FL 32653			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME FLORES, MIRIAM STREET ADDRESS 444 SW 2ND AVE CITY - ST - ZIP MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete		TITLE P NAME JAMES SEXTON STREET ADDRESS 1225 MAIN STREET CITY - ST - ZIP SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FARFISTA, PAUL STREET ADDRESS 4055 41ST AVE CITY - ST - ZIP VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Delete		TITLE V NAME KIM BALOGH STREET ADDRESS 6105 NW 58 PLACE CITY - ST - ZIP GAINESVILLE, FL 32653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME SEXTON, JIM STREET ADDRESS 1225 MAIN ST CITY - ST - ZIP SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete		TITLE V NAME SARAH MCCARROLL STREET ADDRESS 136 SPANISH COURT CITY - ST - ZIP DAYTONA BEACH, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME WEVER, JOHN STREET ADDRESS 601 E KENNEDY BLVD #17 CITY - ST - ZIP TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete		TITLE S NAME MARYANNE EVANS STREET ADDRESS 117 WEST DUVAL STREET #100 CITY - ST - ZIP JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME PERRY, KENNETH C STREET ADDRESS 305 E. JACKSON ST 7N CITY - ST - ZIP TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete		TITLE V NAME JOHN WEVER STREET ADDRESS 601 E. KENNEDY BLVD #17 CITY - ST - ZIP TAMPA, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME EVANS, MARYANNE STREET ADDRESS 117 WEST DUVAL ST #100 CITY - ST - ZIP JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ JOHN WEVER 4/17/06 813-276-2755 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					