


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90382 004 \*\*\*\*61.25

<b>DOCUMENT # 745244</b>	
1. Entity Name <b>FLORIDA PUBLIC EMPLOYER LABOR RELATIONS ASSOCIATION, INC.</b>	

Principal Place of Business <b>FPELRA P.O. BOX 1618 HIGH SPRINGS, FL 32655 US</b>	Mailing Address <b>FPELRA P.O. BOX 1618 HIGH SPRINGS, FL 32655 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04182008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	
<b>WELLER, SUE 21775 NW 154TH PL HIGH SPRINGS, FL 32643</b>	

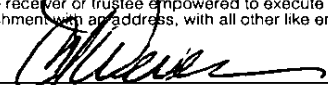
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D SEXTON, JAMES 1840 25TH ST VERO BEACH, FL 32960</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PD BALDRY, KIM 6105 NW 58 PLACE GAINESVILLE, FL 32653</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>VD MCCARROLL, SARAH 136 SPOONBILL CT DAYTONA BEACH, FL 32119</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
<b>VD EVANS, MARYANNE 117 W DUVAL ST #100 JACKSONVILLE, FL 32202</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TD WEVER, JOHN 601 E KENNEDY BLVD #17 TAMPA, FL 33602</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>SD GREEN, MICHELE 1660 RINGLING BLVD 1ST PL SARASOTA, FL 34246</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>VD ANTHONY CARRABIS 1000 46 ST, STE 12 WEST PALM BEACH, FL 33407</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TD WEVER, JOHN 601 E KENNEDY BLVD #17 TAMPA, FL 33602</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>SD GREEN, MICHELE 1660 RINGLING BLVD 1ST PL SARASOTA, FL 34246</b>	

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: 	4/25/08 813-216-2755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #