

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762898

FILED
Apr 20, 2007
Secretary of State

Entity Name: FLORIDA STAFF ORGANIZATION, INC.

Current Principal Place of Business:

213 S. ADAMS STREET
TALLAHASSEE, FL 323011720

New Principal Place of Business:

Current Mailing Address:

213 S. ADAMS STREET
TALLAHASSEE, FL 323011720

New Mailing Address:

FEI Number: 52-1258466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISCHER, STEPHEN
213 S. ADAMS ST.
TALLAHASSEE, FL 32301 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: SD () Delete
Name: IVORY, RUTH
Address: 213 SOUTH ADAMS ST
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: PD () Delete
Name: FISCHER, STEPHEN
Address: 213 SOUTH ADAMS ST
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D () Delete
Name: SWEAT, JACKIE
Address: 213 SOUTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: TD () Delete
Name: DAILEY, HEATHER
Address: 213 SOUTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD () Delete
Name: MONROE, MICHAEL
Address: 213 SOUTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D () Delete
Name: BRANTLEY, SHERRY
Address: 213 SOUTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HEATHER DAILEY

TD

04/20/2007

Electronic Signature of Signing Officer or Director

Date