


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90030 041 ****61.25

DOCUMENT # 765018	
1. Entity Name FLORIDA SELF-INSURERS GUARANTY ASSOCIATION, INCORPORATED	

Principal Place of Business 1427 E. PIEDMONT DRIVE - 2ND FLOOR TALLAHASSEE, FL 32308 US	Mailing Address 1427 E. PIEDMONT DRIVE - 2ND FLOOR TALLAHASSEE, FL 32308 US
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40057934



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04042007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2225004	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 SORENSEN, JAMES E 2015 DELTA BOULEVARD TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY - ST - ZIP	C REVELS, CLAUDE D 9985 PRITCHARD RD. JACKSONVILLE, FL 32219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YOUNG, ARDEN K 133 PEACHTREE ST NE ATLANTA, GA 30303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LESTER, MARY M 200 E. GAINES ST. TALLAHASSEE, FL 323990336 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T REYES, ROBERT F 305 S. GADSDEN ST. TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	108 S. Monroe Street, Suite 200 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIES, KATHLEEN M 3 LIMITED PKWY COLUMBUS, OH 43230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAW, EDWARD M 4908 W NASSAU ST TAMPA, FL 33607 <input 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: Mary M. Lester 4/6/2007 850-222-1882
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Mary M. Lester, Secretary



ATTACHMENT 40057934
#765018

BOARD OF DIRECTORS – 2007

Brian D. Gee, Executive Director

Ms. Kathleen M. Davies (Director)
Vice President, Insurance & Risk Management
Limited Brands, Inc.
Three Limited Parkway
Columbus, Ohio 43230
614/415-7031 (Phone)
614/415-7384 (Fax)
kdavies@limitedbrands.com (E-Mail)

Mr. Robert F. Reyes (Treasurer)
Barreto, Cunningham, May, Dudley, Maloy,
& Reyes LLC
108 S. Monroe Street, Suite 200
Tallahassee, Florida 32301
850/681-0024 (Phone)
850/681-0354 (Fax)
rreyes@bcmclm.com (E-Mail)

Ms. Mary M. "Trilly" Lester (Secretary)
Division of Risk Management
Department of Financial Services
200 E. Gaines Street
Tallahassee, Florida 32399-0336
850/413-4700 (Phone)
850/921-9097 (Fax)
Trilly.Lester@fldfs.com (E-Mail)

Mr. Edward M. Shaw (Director)
Executive Vice President
JTS Enterprises of Tampa, Ltd.
4908 W. Nassau Street
Tampa, Florida 33607
813/287-2231 (Phone)
813/289-7850 (Fax)
eds@casperscompany.com (E-Mail)

Mr. Charles H. Lydecker (Director)
Executive Vice President
Brown & Brown, Inc.
P. O. Box 2412
Daytona Beach, Florida 32115-2412
386/239-7201 (Phone)
386/239-5705 (Fax)
clydecker@bbdaytona.com (E-Mail) &
mlnichols@bbdaytona.com (E-Mail)

Mr. Frank N. Tsamoutales (Director)
Akerman Senterfitt
Attorneys at Law
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Tallahassee, Florida 32302-1877
850/224-9634 (Phone)
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Mr. Kevin J. Rader (Director)
Advanced Insurance Underwriters
3250 North 29th Avenue
Hollywood, Florida 33020-1313
954/889-0781 (Phone)
954/212-2840 or 954/964-1438 (Fax)
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Mr. Arden K. Young (Vice-Chairman)
Corporate Manager, Workers' Compensation
Georgia-Pacific Corporation
133 Peachtree Street, N.E.
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Corporate Safety Director
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