

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765018

FILED
Apr 08, 2009
Secretary of State

Entity Name: FLORIDA SELF-INSURERS GUARANTY ASSOCIATION, INCORPORATED

Current Principal Place of Business:

1427 E. PIEDMONT DRIVE - 2ND FLOOR
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1427 E. PIEDMONT DRIVE - 2ND FLOOR
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-2225004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SORENSEN, JAMES E
2015 DELTA BOULEVARD
TALLAHASSEE, FL 32303 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: C () Delete
Name: REVELS, CLAUDE D
Address: 9985 PRITCHARD DR
City-St-Zip: JACKSONVILLE, FL 32219

Title: VC () Delete
Name: LYDECKER, CHARLES H
Address: 200 S RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: S () Delete
Name: GIRIMONT, TRINA M
Address: 1600 S W ARCHER ROAD, #1004
City-St-Zip: GAINESVILLE, FL 32610

Title: T () Delete
Name: CALLAHAN, SANDRA W
Address: 702 N FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: BROUSSARD, MICHAEL
Address: 445 W. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: BOWDEN, CHARLES A
Address: 205 NORTH WEST 2ND STREET
City-St-Zip: MULBERRY, FL 33860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 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: CLAUDE D. REVELS, JR.

C

04/08/2009

Electronic Signature of Signing Officer or Director

Date