FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766888 (2)

1. Corporation Name

EMPLOYERS ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1200 STATE ROAD 434. #220 P O BOX 60 LONGWOOD FL 32750	1200 STATE ROAD 434. #220 LONGWOOD FL 32750 US

3. Date Incorporated or Qualified: 02/08/1983
3a. Date of Last Report: 01/23/1995

4. FEI Number: 59-2157213 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 c/o Employers Assoc.of Fla	26 1200 W. St.Rd. 434
Suite, Apt. #, etc. 22 1200 W.St.Rd.434, Ste. 220	Suite, Apt. #, etc. 27 Suite 220
City & State 23 Longwood, FL	City & State 28 Longwood, FL
Zip / Country 24 32750 / 25 US	Zip / Country 29 32750 / 30 US

9. Name and Address of Current Registered Agent

HINKLE, JOHN
1200 W STATE RD 434, STE 220
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: Manny, Rita K
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Rita K. Manny — 4/10/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HINKLE, JOHN S. 1200 STATE RD. 434, #220 LONGWOOD FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Manny, Rita K. 1200 W. State Rd. 434, Suite 220 Longwood, FL 32750 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GALLASPY, RHONDA 1200 STATE RD 434 #220 LONGWOOD FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	CD Odle, Charles 1200 W. State Rd. 434, Suite 220 Longwood, FL 32750 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S D BALK, DAVID 1200 STATE RD. 434, #220 LONGWOOD FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Dillon, Maria Martinez 1200 W. State Rd. 434, Suite 220 Longwood, FL 32750 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D WALL, KAREN 1200 S. R. 434 #220 LONGWOOD FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD Lembke, Gerald 1200 W. State Rd. 434, Suite 220 Longwood, FL 32750 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	200001786682 -04/19/96--01012--046 ***61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rita K. Manny Rita K. Manny 4/10/96 407 260-6556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #