

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 16 1998 8:00am
Secretary of State

DOCUMENT # 766888 (2)

1. Corporation Name

EMPLOYERS ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

% EMPLOYERS ASSOC. OF FLA
1200 W. ST. RD. 434, STE 220
LONGWOOD FL 32750

% EMPLOYERS ASSOC. OF FLA
1200 W. ST. RD. 434, STE 220
LONGWOOD FL 32750

3. Date Incorporated or Qualified

02/08/1983

4. FEI Number

59-2157213

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANNY, RITA K.
1200 W STATE RD 434, STE 220
LONGWOOD FL 32750

81 Name

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

1/8/98

Signature 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 P
NAME MANNY, RITA K
STREET ADDRESS 1200 W. STATE RD. 434, SUITE 220
CITY-ST-ZIP LONGWOOD FL 32750 ☒ DELETE

1.1 TITLE P/T/S
1.2 NAME Manny, Rita K
1.3 STREET ADDRESS 1200 W.State Rd.434, Suite 220
1.4 CITY-ST-ZIP Longwood, FL 32750 ☒ Change ☐ Addition

TITLE CD
NAME CHANCE, LABRON R.
STREET ADDRESS 1200 W. STATE RD. 434, SUITE 220
CITY-ST-ZIP LONGWOOD FL ☒ DELETE

2.1 TITLE C/D
2.2 NAME Gwen Geier
2.3 STREET ADDRESS 1200 W.St.Rd. 434, Suite 220
2.4 CITY-ST-ZIP Longwood, FL 32750 ☒ Change ☐ Addition

TITLE TD
NAME KILKELLY, CLO ROSS
STREET ADDRESS 1200 W. STATE RD. 434, SUITE 220
CITY-ST-ZIP LONGWOOD FL ☒ DELETE

3.1 TITLE D
3.2 NAME Joe Vaccaro
3.3 STREET ADDRESS 1200 W.St.Rd. 434, Suite 220
3.4 CITY-ST-ZIP Longwood, FL 32750 ☒ Change ☐ Addition

TITLE SD
NAME GEIER, GWEN
STREET ADDRESS 1200 W. STATE RD. 434, SUITE 220
CITY-ST-ZIP LONGWOOD FL ☒ DELETE

4.1 TITLE C/D
4.2 NAME Lou Whitney
4.3 STREET ADDRESS 1200 W.St.Rd. 434, Suite 220
4.4 CITY-ST-ZIP 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 ☐ 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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1/8/98

407
260-6556

CP2E037 (10/97)