

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16290

FILED  
Apr 13, 2007  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF PROFESSIONAL EMPLOYER ORGANIZATIONS, INC.

**Current Principal Place of Business:**

335 BEARD STREET  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14629  
TALLAHASSEE, FL 323174629 US

**New Mailing Address:**

**FEI Number:** 59-2986575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, MICHAEL  
15438 N FLORIDA AVE  
SUITE 202  
TAMPA, FL 33613 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: P ( ) Delete  
Name: KNEIP, ROBERT  
Address: 4400 CONGRESS AVENUE, STE 250  
City-St-Zip: WEST PALM BEACH, FL 334073288

Title: VD ( ) Delete  
Name: FINKELSTEIN, ABRAM  
Address: 150 SOUTH PINE ISLAND ROAD, SUITE 100  
City-St-Zip: PLANTATION, FL 33324

Title: TD ( ) Delete  
Name: SELTZER, MARJORIE  
Address: 475 CENTRAL AVE STE 100  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: SD ( ) Delete  
Name: BAIERS, JIM  
Address: 755 W BIG BEAVER ROAD, SUITE 1700  
City-St-Zip: TROY, MI 48084

Title: D ( ) Delete  
Name: RAWLS, ED  
Address: 8950 DR MARTIN LUTHER KING ST N #190  
City-St-Zip: ST PETERSBURG, FL 33702

Title: D ( ) Delete  
Name: ROUSSEAU, JOHN A  
Address: 6320 TRAIL BLVD.  
City-St-Zip: NAPLES, FL 34108

**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: ROBERT KNEIP

P

04/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date