

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16290

FILED
Mar 08, 2011
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
Name: CRUM, FRANK
Address: 100 S MISSOURI AVE
City-St-Zip: CLEARWATER, FL 33756

Title: T
Name: PERLBERG, MARK
Address: 4400 CONGRESS AVE., SUITE 250
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D
Name: STOLL, RON
Address: 2145 14TH AVE., STE. 6
City-St-Zip: VERO BEACH, FL 32960

Title: D
Name: HILL, CRAIG
Address: 10105 DR. MARTIN LUTHER KING JR ST N
City-St-Zip: ST. PETERSBURG, FL 33716

Title: S
Name: REMINTON, AMIE
Address: 6723 PLANTATION ROAD
City-St-Zip: PENSACOLA, FL 32504

Title: D
Name: MOORE, DON
Address: 6400 NORTH W STREET
City-St-Zip: PENSACOLA, FL 32505

I hereby 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 all other like empowered.

SIGNATURE: FRANK CRUM

P

03/08/2011

Electronic Signature of Signing Officer or Director

Date