

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20290

FILED
Mar 04, 2008
Secretary of State

Entity Name: FLORIDA WORKERS' COMPENSATION INSTITUTE, INC.

Current Principal Place of Business:

1709 HERMITAGE BOULEVARD
SUITE 100
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 200
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-2846608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCONNAUGHAY, JAMES N
1709 HERMITAGE BOULEVARD
SUITE 100
TALLAHASSEE, FL 32308 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: D () Delete
Name: MCCONNAUGHAY, JAMES N
Address: 1709 HERMITAGE BOULEVARD, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: RISSMAN, STEVEN A
Address: 201 E. PINE ST., 15 FLOOR
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: PARRISH, J. DAVID
Address: 790 N ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: ROSENTHAL, GERALD A
Address: 1645 PALM BCH LAKES BLVD, #350
City-St-Zip: WEST PALM BEACH, FL 33401

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:

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: JAMES N MCCONNAUGHAY

D

03/04/2008

Electronic Signature of Signing Officer or Director

Date