

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N20399			
1. Entity Name FLORIDA EMPLOYERS' COUNCIL, INC.			
Principal Place of Business 700 S. GONDOLA DR. VENICE, FL 34293		Mailing Address 700 S. GONDOLA DR. VENICE, FL 34293	
DO NOT WRITE IN THIS SPACE			
			
04182004 No Chg-NP CR2E037 (10/03)			
4. FEI Number 65-0219792		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGINNIS, WILLIAM J. 700 S. GONDOLA DR. VENICE, FL 34293		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <u>April 15, 2004</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11000000127082 04/23/04-80060-013 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGINNIS, WILLIAM J. 700 S. GONDOLA DRIVE VENICE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLEESON, SUSAN V. P.O. BOX 847 VENICE, FL 342840847		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGINNIS, BRIAN 4771 BONITA ROAD VENICE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>April 15 2004</u> Daytime Phone # <u>941-497-5126</u>	