

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N44581 (9)

1. Corporation Name

FLORIDA GOVERNOR'S ALLIANCE/EMPLOYER'S LEADERSHIP NETWORK, INC.



Principal Place of Business

Mailing Address

2929 TIPPERARY COURT  
TALLAHASSEE FL 32308

2929 TIPPERARY COURT  
TALLAHASSEE FL 32308

3. Date incorporated or Qualified

08/07/1991

4. FEI Number

59-3097605

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

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

BREYER, CAROL ANN  
345 S. MAGNOLIA DRIVE  
SUITE #D-11  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2929 Tipperary Ct.

83

84 City Tallahassee

FL

85 Zip Code 32308

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

April 28, 1998  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BOLS, WERNER  
STREET ADDRESS 3477 A PALM CITY SCHOOL  
CITY-ST-ZIP PALM CITY FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TD  
NAME PADGETT, DAN W  
STREET ADDRESS RT 4 BOX 247  
CITY-ST-ZIP WESTVILLE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD  
NAME DAY, EDITH H  
STREET ADDRESS RT 4, BOX 170  
CITY-ST-ZIP MADISON FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ED  
NAME BREYER, CAROL ANN  
STREET ADDRESS 345 S. MAGNOLIA AVE.#D11  
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE Ed  
4.2 NAME BREYER, CAROL ANN  
4.3 STREET ADDRESS 2929 Tipperary Dr.  
4.4 CITY-ST-ZIP Tallahassee, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

CFR2037 (1097)