


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90055 029 \*\*\*\*61.25

<b>DOCUMENT # N93000005814</b>	
1. Entity Name <b>FLORIDA WORKERS' COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.</b>	

Principal Place of Business <b>353 INTERSTATE BLVD. SARASOTA, FL 34240</b>	Mailing Address <b>P.O. BOX 48957 SARASOTA, FL 34230-5957</b>
-----------------------------------------------------------------------------------	----------------------------------------------------------------------

**40002722**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3213885</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>F &amp; L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

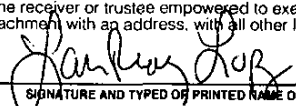
9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, FRANK 901 N.W. 51ST STREET BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PD NEFF, RAY 1111 GULFSTREAM AVE., SUITE 15A SARASOTA, FL 34230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Neff, Ray <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TORRENCE, LAURA 353 INTERSTATE BLVD. SARASOTA, FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOPEZ, LAURA REAY 353 INTERSTATE BLVD SARASOTA, FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Webber, David 6300 University Parkway Sarasota, FL 34240 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:**  **Laura Reay Lopez** **1/5/05** **941-378-7403**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

**FWCJUA Board of Governors**

**(Board reconstituted on 7/26/03 with Financial Services Commission  
appointing the chair and 3 members on 10/14/03)**

#193000005814

Ray Neff (*Chair & President*)

President

**NEFF CONSULTING**

1111 Gulf Stream Avenue, Suite 15a

P.O. Box 460

Sarasota, FL 34230-0460

David Webber (*Vice Chair & Vice President*)

Executive Vice President & CFO

**FCCI MUTUAL/FEISCO**

6300 University Parkway

Sarasota, FL 34240

Steve Burgess

**INSURANCE CONSUMER ADVOCATE**

Florida Department of Insurance

200 East Gaines Street

Tallahassee, FL 32399-0308

Patrick H. Cannassa

Chief Underwriting Officer

**CNA INSURANCE COMPANIES**

P.O. Box 946500 – Maitland, FL 32794-6500

65 Keller Road

Orlando, FL 32810

Dan Dannenhauer, CPCU

FAIA Representative

**FIVE COUNTY INSURANCE AGENCY, INC.**

P.O. Box 6188 (33911-6188)

1614 Colonial Blvd.

Ft. Myers, FL 33907

Elissa Pacheco

Executive Vice President of Underwriting and Marketing

**ASSOCIATED INDUSTRIES INSURANCE COMPANY, INC.**

901 NW 51<sup>st</sup> Street

Boca Raton, FL 33431-4425

Claude Revels

Corporate Safety Director

**JM FAMILY ENTERPRISES, INC.**

9985 Pritchard Road

Jacksonville, FL 33219

Beth Vecchioli

Senior Government Consultant

**CARLTON FIELDS**

215 S. Monroe Street, Suite 500

Tallahassee, FL 32301-1866

# ATTACHMENT

Laura Wehrle  
Sr. Vice President & Florida Division Manager  
**LIBERTY MUTUAL INSURANCE COMPANY**  
3901 Premier North Drive  
Tampa, FL 33624

# N93000005814

Laura S. Torrence (*Secretary*)  
Executive Director  
**FLORIDA WORKERS' COMPENSATION  
JOINT UNDERWRITING ASSOCIATION, INC.**  
353 Interstate Blvd.  
Sarasota, FL 34240

Laura Reay Lopez (*Treasurer*)  
Controller  
**FLORIDA WORKERS' COMPENSATION  
JOINT UNDERWRITING ASSOCIATION, INC.**  
353 Interstate Blvd.  
Sarasota, FL 34240

Robert C. Glenn (*Asst. Treasurer*)  
Operations Manager  
**FLORIDA WORKERS' COMPENSATION  
JOINT UNDERWRITING ASSOCIATION, INC.**  
353 Interstate Blvd.  
Sarasota, FL 34240