

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005814

FILED
Jan 16, 2007
Secretary of State

Entity Name: FLORIDA WORKERS' COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.

Current Principal Place of Business:

6003 HONORE AVE
204
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 48957
SARASOTA, FL 342305957

New Mailing Address:

FEI Number: 59-3213885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: PD () Delete
Name: NEFF, RAY
Address: 7313 INTERNATIONAL PLACE, SUITE 110
City-St-Zip: SARASOTA, FL 34240

Title: S () Delete
Name: TORRENCE, LAURA
Address: 6003 HONORE AVE, SUITE 204
City-St-Zip: SARASOTA, FL 34238

Title: T () Delete
Name: LOPEZ, LAURA REAY
Address: 6003 HONORE AVE, SUITE 204
City-St-Zip: SARASOTA, FL 34238

Title: VPD () Delete
Name: WEBBER, DAVID
Address: 6300 UNIVERSITY PARKWAY
City-St-Zip: SARASOTA, FL 34240

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 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: LAURA REAY LOPEZ

T

01/16/2007

Electronic Signature of Signing Officer or Director

Date