

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005814

FILED
Mar 31, 2011
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:

6003 HONORE AVE
SUITE 204
SARASOTA, FL 34238

Current Mailing Address:

P.O. BOX 48957
SARASOTA, FL 342305957

New Mailing Address:

P.O. BOX 48957
SARASOTA, FL 342305957 US

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
Name: CLARY, CHARLES W III
Address: 6003 HONORE AVE, SUITE 204
City-St-Zip: SARASOTA, FL 34238

Title: VPD
Name: DANNENHAUER, DANIEL G
Address: 6003 HONORE AVE, SUITE 204
City-St-Zip: SARASOTA, FL 34238

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

Title: AS
Name: CLEARY, MICHAEL K
Address: 6003 HONORE AVE, SUITE 204
City-St-Zip: SARASOTA, FL 34238

I hereby 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 all other like empowered.

SIGNATURE: LAURA S TORRENCE

ST

03/31/2011

Electronic Signature of Signing Officer or Director

Date