

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90041 006 \*\*\*\*61.25

**DOCUMENT # N94000000108**

1. Entity Name

FLORIDA EMPLOYERS ASSOCIATION, INC.



Principal Place of Business

3895 TAMPA RD  
OLDSMAR FL 34677  
US

Mailing Address

PO BOX 1859  
OLDSMAR FL 34677-1859  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DIANA, NICHOLAS  
168 RUE DES CHATEAUX  
TARPON SPRINGS FL 34689

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE DP  
NAME DIANA, NICHOLAS ☐ Delete  
STREET ADDRESS 168 RUE DES CHATEAUX  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE DVP  
NAME DIANA, MICHAEL ☐ Delete  
STREET ADDRESS 828 PARK CT  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ST ☒ Delete  
NAME HEINS, REBECCA  
STREET ADDRESS 571 LONGWOOD CIRCLE  
CITY-ST-ZIP OLDSMAR FL 34677

TITLE VP  
NAME SCHULER, JIM ☐ Delete  
STREET ADDRESS 4300 N. UNIVERSITY DRIVE, SUITE B-205  
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Robinson, Amy  
STREET ADDRESS 1712 Oak Pond Ct.  
CITY-ST-ZIP Oldsmar, FL 34677

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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)(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: Amy Robinson Amy Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04

Date

(813) 864-3404

Daytime Phone #