

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000108

FILED  
May 10, 2007  
Secretary of State

**Entity Name:** FLORIDA EMPLOYERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3895 TAMPA RD  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1859  
OLDSMAR, FL 346771859 US

**New Mailing Address:**

3895 TAMPA ROAD  
OLDSMAR, FL 34677 US

**FEI Number:** 59-3232216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DIANA, NICHOLAS  
168 RUE DES CHATEAUX  
TARPON SPRINGS, FL 34689 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: DP ( ) Delete  
Name: DIANA, NICHOLAS  
Address: 168 RUE DES CHATEAUX  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DVP ( ) Delete  
Name: DIANA, MICHAEL  
Address: 3895 TAMPA ROAD  
City-St-Zip: OLDSMAR, FL 34677

Title: ST ( ) Delete  
Name: ROBINSON, AMY  
Address: 3895 TAMP ROAD  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: PIERCE, JENNIFER  
Address: 3895 TAMP ROAD  
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify 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: NICHOLAS DIANA

DP

05/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date