

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000108

FILED
Apr 21, 2008
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:

3895 TAMPA ROAD
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 59-3232216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: PIERCE, JENNIFER
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/21/2008

Electronic Signature of Signing Officer or Director

Date