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# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # N94000003506 (2)**

1. Corporation Name

**FLORIDA SELF-INSURANCE FUND GUARANTY ASSOCIATION , INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 353 INTERSTATE BLVD ~~SUITE 675~~ SARASOTA FL 34240 US | PO BOX 48957 SARASOTA FL 34230-5957 US |

3. Date Incorporated or Qualified: 07/15/1994
3a. Date of Last Report: 04/02/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3255743 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

MAIDA, THOMAS J
101 N. MONROE STREET
SUITE 900
TALLAHASSEE FL 32301

**10. Name and Address of New Registered Agent**

81 Name: CAMILLERI, MICHAEL
82 Street Address (P.O. Box Number is Not Acceptable): 888 S.E. 3RD AVENUE
83: SUITE 500
84 City: FORT LAUDERDALE, FL 85 Zip Code: 33316

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0509, Florida Statutes.

SIGNATURE _____ 4/4/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LYDECKER, CHARLES<br>220 SOUTH RIDGEWOOD AVE<br>DAYTONA BCH FL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>THOMAS, EARL<br>9485 REGENCY SQUARE BLVD., #415<br>JACKSONVILLE FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HILL, EUGENE<br>260 WEKIVA SPRINGS ROAD<br>LONGWOOD FL 32779 | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RODRIGUEZ, JOSE<br>7000 S.W. 97TH AVE., #200<br>MIAMI FL 33173 | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WHITE, FRANK T<br>600 CORPORATE DRIVE, #600<br>FORT LAUDERDALE FL 33334 | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>EMERSON, JAMES<br>302 S. MASSACHUSETTS AVE.<br>LAKELAND FL 33802 | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 4/4/97 941-378-7418

# FLORIDA SELF-INSURANCE FUND GUARANTY ASSOCIATION, INC.

P.O. Box 48957, Sarasota, FL 34230-5957 • Tel: (941) 378-7419 • Fax: (941) 378-7405

## 1997 NONPROFIT CORPORATION ANNUAL REPORT

**OFFICERS & DIRECTORS:**

P / D / C — CHANGE
WHITE, FRANK
901 N.W. 51ST STREET
BOCA RATON, FL 33431

V / D
THOMAS, EARL
9485 REGENCY SQUARE BLVD., SUITE 415
JACKSONVILLE, FL 32225

D — ADDITION
DRAKE, TOM
2310 A-Z ROAD
LAKELAND, FL 33801

D
EMERSON, JIM
302 S. MASSACHUSETTS AVENUE, SUITE 207
LAKELAND, FL 33801

D
LIVINGSTON, GERALD S.
255 SOUTH ORANGE AVENUE, SUITE 850
ORLANDO, FL 32801

D — ADDITION
MORRISON, TOM
11 NORTH SUMMERLIN AVENUE, SUITE 209
ORLANDO, FL 32802

**OFFICERS & DIRECTORS:**

D — ADDITION
NELSON, MICHAEL J.
240 CIRCLE DRIVE
MAITLAND, FL 32751

D — ADDITION
NESS, FRANK
19612 S.W. 69TH PLACE
FORT LAUDERDALE, FL 33332

S / T
TORRENCE, LAURA S.
353 INTERSTATE BLVD.
SARASOTA, FL 34240