

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000500
1. Corporation Name **B**
FLORIDA EMPLOYER ADVISORY COUNCIL, INC.

Principal Place of Business Mailing Address
2326 Willow Bend Blvd (same)
Ft Walton Beach, FL 32547

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

3. Date Incorporated or Qualified January 26, 1996	
4. FEI Number 59-3352130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Gunnar F. Davis
2326 Willow Bend Blvd
Ft Walton Beach, FL 32547

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.010 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 617.0503, Florida Statutes.

SIGNATURE *Gunnar F. Davis* **GUNNAR F. DAVIS** **6/24/98**
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	(P) <input type="checkbox"/> DELETE
NAME	Gunnar F. Davis
STREET ADDRESS	2326 Willow Bend Blvd
CITY-ST-ZIP	Ft Walton Beach, FL 32547
TITLE	(V) <input type="checkbox"/> DELETE
NAME	Darryl Johnson
STREET ADDRESS	NAS Whiting Field Bldg 3025
CITY-ST-ZIP	Milton, FL 32570
TITLE	(V) <input type="checkbox"/> DELETE
NAME	John Weed
STREET ADDRESS	1401 S. 9th St
CITY-ST-ZIP	Leesburg, FL 34748
TITLE	(D) <input type="checkbox"/> DELETE
NAME	Stephen Rodriguez (D)
STREET ADDRESS	9980 Gulf Blvd
CITY-ST-ZIP	Treasure Island, FL 33706
TITLE	(S/D) <input type="checkbox"/> DELETE
NAME	Denise Horne
STREET ADDRESS	300 Mabry St
CITY-ST-ZIP	Tallahassee, FL 32304
TITLE	(D) <input type="checkbox"/> DELETE
NAME	Ernie Valdezarama
STREET ADDRESS	352 W. Chester Dr
CITY-ST-ZIP	Deland, FL 32724

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Amy Enzel
1.3 STREET ADDRESS	1922 Tyler St
1.4 CITY-ST-ZIP	Hollywood, FL 33020
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000002588720
6.3 STREET ADDRESS	-07/14/98--01078--026
6.4 CITY-ST-ZIP	***61.25

14. 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 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 address.

SIGNATURE: *Gunnar F. Davis* **GUNNAR F. DAVIS** **6/24/98** **(850) 729-6016**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Waive penalty fee. **KS/KB**

CR2E037 (10/97)