


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000000500 1. Entity Name FLORIDA EMPLOYER ADVISORY COUNCIL, INC.	
--	---

Principal Place of Business 5615 ROSEBAY ST MILTON, FL 32583	Mailing Address 5615 ROSEBAY ST MILTON, FL 32583
--	--



04272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3352130	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIS, GUNNAR 5615 ROSEBAY ST MILTON, FL 32583

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, GUNNAR F 5615 ROSEBAY ST MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVANCHO, AMY 5440 NW 33RD AVE #106 FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEED, JOHN 1401 S. 9TH ST. LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, STEPHEN 5300 GULF BLVD ST PETERSBURG, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HORNE, DENISE 300 MABRY ST. TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALORRRAMA, ERNIE 252 W. CHESTER DR. DELAND, FL 32724

000000138540
04/29/04-80084-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Gunnar Davis 4/24/04 850-626-1460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #