

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000000500</b>	
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



03302005 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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 F. Davis 4/14/05 (850) 626-1466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #