

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90107 003 ****61.25

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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

40061798



DO NOT WRITE IN THIS SPACE

04192006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

59-3352130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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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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 reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUNNAR DAVIS

4/19/06

Date

850-983-4597

Daytime Phone