

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90197 031 ****70.00

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1. Entity Name
THE FLORIDA LABOR-MANAGEMENT CONFERENCE, INC.



Principal Place of Business
271 TAYLOR AVE
CAPE CANAVERAL, FL 32920 US

Mailing Address
POST OFFICE BOX 21024
KENNEDY SPACE, FL 32815-0024 US

60036351



04302008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 59-3389166		Applied For ☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HANSON, M. JILL 400 EXECUTIVE CENTER DRIVE SUITE 207 WEST PALM BEACH, FL 33407				Name <u>Thomas C. Garwood, Jr., Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>300 S. Orange Avenue</u> <u>Suite 1300</u> City <u>Orlando</u> FL Zip Code <u>32801</u>			

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 Thomas C. Garwood Jr. DATE 4/30/08

Signature, typed or printed name of registered agent and title (Applicable). (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	C	☐ Delete		TITLE	C	☒ Change ☒ Addition	
NAME	POIDOMANI, JOHN			NAME	Frank S. Eddy % Pratt & Whitney		
STREET ADDRESS	PRATT & WHITNEY, 47900 DEELINE HWY			STREET ADDRESS	P.O. Box 109600, Mail Stop 726-04		
CITY-ST-ZIP	JUPITER, FL 33487			CITY-ST-ZIP	West Palm Bch, FL 33410		
TITLE	VC	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	SHIDE, CHARLES			NAME			
STREET ADDRESS	111 PONCE DE LEON			STREET ADDRESS			
CITY-ST-ZIP	CLEWISTON, FL 33440			CITY-ST-ZIP			
TITLE	ST	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	ESCUERO, GIL			NAME			
STREET ADDRESS	14411 COMMERCE WAY, SUITE 100			STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES, FL 33016			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	WALKER, JOHNNY			NAME			
STREET ADDRESS	271 TAYLOR AVENUE			STREET ADDRESS			
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	WYNN, JEANETTE			NAME			
STREET ADDRESS	AFSCME, 1642 MARTIN LUTHER KING BLVD.			STREET ADDRESS			
CITY-ST-ZIP	QUINCY, FL 32351			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	EISENHARDT, STEVE			NAME			
STREET ADDRESS	WALT DISNEY WORLD CO., P. O. BOX 10000			STREET ADDRESS			
CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830			CITY-ST-ZIP			

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 files and documents.

SIGNATURE: Steve C. Eisenhardt DATE 4/30/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR