


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000005221  
1. Entity Name  
FLORIDA WORKERS' COMPENSATION INSURANCE  
GUARANTY ASSOCIATION, INCORPORATED



Principal Place of Business      Mailing Address  
1425 EAST PIEDMONT DR      P.O. BOX 15159  
SUITE 201B      TALLAHASSEE, FL 32317 US  
TALLAHASSEE, FL 32308 US

**DO NOT WRITE IN THIS SPACE**



01222004 No Chg-NP      CR2E037 (10/03)

4. FEI Number 59-3469214	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent  
  
GRIPPA, ANTHONY M  
1425 E PIEDMONT DR  
SUITE 201B  
TALLAHASSEE, FL 32308

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC STAHL, TOM 116 SOUTH MONROE STREET TALLAHASSEE, FL 32302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, FRANK 901 NW 51 STREET BOCA RATON, FL 334314425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TICKNER, JOHN J 21255 CALIFA STREET WOODLAND HILLS, CA 91367
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, G.W. 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GRIPPA, ANTHONY M 1425 E PIEDMONT DRIVE SUITE 201B TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBINSON, SANDRA J 1425 E PIEDMONT DRIVE SUITE 201B TALLAHASSEE, FL 32308

000000035794  
02/06/04-80033-004 61.25

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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 power and authority.

SIGNATURE: TOM STAHL      1/27/2004      850-386-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #