2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N97000005221



FILED

Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90187 049 ****61.25

FLORIDA WORKERS' COMPENSATION INSURANCE **GUARANTY ASSOCIATION, INCORPORATED** ייביטען. Principal Place of Business Mailing Address 1425 EAST PIEDMONT DR P.O. BOX 15159 SUITE 201B TALLAHASSEE, FL 32317 US TALLAHASSEE, FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142006 Chg-NP CR2E037 (11/05) Applied For City & State City & State 4. FEI Number 59-3469214 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LYDECKER, RICHARD ESQ C/O LYDECKER & WADSWORTH, LLC Street Address (P.O. Box Number is Not Acceptable) 1201 BRICKELL AVE, SUITE 200 MIAMI, FL 33131 Zip Code 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DC TITLE ☑ Delete TITLE ☐ Addition Channe NAME STAHL, THOMAS W NAME STANK THOMAS J. 116 S MONROE STREET, 3RD FLOOR STREET ADDRESS STREET ADDRESS 114 SOUTH MONROE STREET, BED FLOW CITY-ST-ZIP TALLAHASSEE, FL 32302 CITY-ST-7IF TALLAHASSES, FL 32301 SAA TITLE Delete TITLE Change ☐ Addition WHITE, FRANK ROBINSON, SAMBRA J CAA NAME NAME 21034 SWEETWATER LANE, N STREET ADDRESS STREET ADDRESS 1425 E ACOMONT DR STE 2018 CITY-ST-ZIP BOCA RATON, FL 33428 CITY-ST-ZIE TAMAMASSEL FL 3220B Addition TITLE Delete TITLE ☐ Change NAME TICKNER, JOHN J NAME NEWELL LOVERN, MICHELLE 21255 CALIFA STREET STREET ADDRESS STREET ADDRESS 1425 E PIEDHONT DR, STE ZOIB WOODLAND HILLS, CA 91367 CITY-ST-ZIP CITY-ST-ZIP TALLAMASSES, FL 3230B ☐ Delete TITLE TITLE Change ☐ Addition JACOBS, G.W. NAME NAME TICKNA TOW T 6300 UNIVERSITY PARKWAY STREET ADDRESS STREET ADDRESS 21258 CALIFA STREET CITY-ST-7IP SARASOTA, FL 34240 CITY-ST-ZIP WOODLAND HILLS, CA 91347 TITLE Delete ☐ Change Addition TITLE ROBINSON, SANDRA J CPA NAME NAME BACHHAND, CHARLES STREET ADDRESS 1425 E PIEDMONT DR, SUITE 201B STREET ADDRESS 6300 Chiwersmy PaperMY TALLAHASSEE, FL 32308 CITY-ST-78P CITY+ST+Z)P SARASOTA, FL 34240 TITLE ☐ Change Addition ☐ Delete TITLE

12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7(P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA T. RUBINSIN

COSTA, Jim

7870 JOSSIAND CENTER BUID

Tampa, FL 33614

4117106

850-386-9200

Daytime Phone #

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

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1. Entity Nar FLORIDA	ne A WORKERS' CO	7000005221 DMPENSATION IN DN, INCORPORA							- 6	
1425 EAST PIEDMONT DR P.O.			Mailing Address P.O. BOX 15159 TALLAHASSEE, FL 32317 US			40054776				
2. Principal I	Place of Business	3. Ma	iling Address		•		£1.11 = 1			
Suite, Apt	. #, etc.	Si	Suite, Apt. #, etc.			04142006 CI	ng-NP	CR2E03	7 (11/05)	
City & Sta	te	Ci	City & State			4. FEI Number 59-346921	4			oplied For of Applicable
Zip	Count	ry Zi	ρ	Country		5. Certificate of St	atus Desired		8.75 Add ee Require	
	6. Name and Addr	ess of Current Register	ed Agent			7. Name and Add	ress of New	Registered A	gent	
				Nam	e				÷	
LYDECKER, RICHARD ESQ. C/O LYDECKER & WADSWORTH, LLC 1201 BRICKELL AVE, SUITE 200					t Address (P.O. Box Number is t	Not Acceptab	ole)		
MIAMI, FL	. 33131									
				City FL Zip Ci				Zip Cod		
8. The above the obliga	e named entity submits t tions of registered agen	his statement for the purp t.	ose of changing its re	egistered offici	or register	ed agent, or both, in	the State of F	lorida. I am ta	ımiliar with,	and accept
SIGNATURE		e of registered agent and little if app	olicable. (NOTE: I	Registered Agent sig	gnature required	when reinstating)		DATE		
	Filing Fee is \$61 Due by May 1, 20		9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees		Make check orida Departi		
10.	OFF	ICERS AND DIRECTORS	_	11.		DDITIONS/CHANGE	S TO OFFIC	FRS AND DIR	CTORS IN	10
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STREET ADDRESS	116 S MONROE ST	REET, 3RD FLOOR		STREET ADORES	S 420 E	AST JEFFERSON ST	RIET			
CITY-ST-ZIP	TALLAHASSEE, FL	. 32302		CITY-ST-ZIP		HASSEE, FL 3230				
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	DV				D	HARE, IL 3+3	77	-		
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STREET ADDRESS	21255 CALIFA STR	EET		NAME Street address	C C E	YUSKI, RICHARD				
CITY-ST-ZIP	WOODLAND HILLS			CITY-ST-ZIP		THANKIAL PLAZA		ck.		
		, OA 31301				FORD, CT OGIO	<u> </u>			
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G111-31-21F	SARASOTA, FL 34	240		G111-51-21P	WINT	er Park, Fl 32	.HZ			
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NAME	ROBINSON, SANDI			NAME		os, EARL R.				
STREET ADDRESS	1425 E PIEDMONT			STREET ADDRES	1,000	¥ 778				
CITY-ST-ZIP	TALLAHASSEE, FL	32308		CITY-ST-ZIP		ska, 6a 30183				
TITLE			☐ Delete	TITLE	D]	Change	Addition
NAME				NAME	WEHEL	E, LAURA				ļ
STREET ADDRESS				STREET ADDRES	2810	COLISEUM CENT	nre Dr, S	nt 350		
CITY-ST-ZIP				CITY-ST-ZIP						l l
0111-01-51r				CITT-31-21		elotte, NC Z	941/			1

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	Date	Daytima Phone #

2006 NOT-FOR-PROFIT CORPORATION

ATTACHMENT

ANNUAL REPORT	

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DOCUMENT # N9700005221 1. Entity Name FLORIDA WORKERS' COMPENSATION INSURANCE GUARANTY ASSOCIATION, INCORPORATED								INIEIA			
1425 EAST PIEDMONT DR P.O. BO				ling Address D. BOX 15159 LLAHASSEE, FL 32317 US		40054776					
2. Principal	Place of Busin	ness	3. Mailing	Address			Till microscom		i ango Nga kulik kabupatèn	* of * . 11;.	Till in Inter
Suite, Apt	. #, etc.		Suite,	Suite, Apt. #, etc.			04142006 _C	hg-NP	CR2E03	7 (11/05)	
City & Sta	te		City &	City & State			4. FEI Number 59-346921	14			applied For lot Applicable
Zip		Country	Zip 		Country		5. Certificate of S	tatus Desired		\$8.75 Ac Fee Requir	
	6. Name	and Address of Current Ro	egistered A	gent			7. Name and Ado	tress of New !	Registered A	gent	
	R, RICHA	RD ESQ. VADSWORTH, LLC			Name Stree		P.O. Box Number is	Not Acceptable	le)	·	
	CKELL AVI	E, SUITE 200									
					City				FL	Zip Co	
8. The above the obliga SIGNATURE	tions of regist							the State of FI	orida. I am ta	amiliar with	, and accept
	Signature, typed	or printed name of registered agent and	d title if applicabl	h. (NOTE:	Registered Agent sig	meture required	when reinstating)		DATE		
	-	e is \$61.25		9. Election Cam	naion Financin			i .		و ما ما الدوري	
		lay 1, 2006		Trust Fund Co		_	\$5.00 May Be Added to Fees		lake check rida Departi		
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