

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# N97000005221

Entity Name: FLORIDA WORKERS' COMPENSATION INSURANCE GUARANTY ASSOCIATION, INCORPORATED

Current Principal Place of Business:

1425 EAST PIEDMONT DR
SUITE 201B
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15159
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-3469214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYDECKER, RICHARD ESQ.
C/O LYDECKER & WADSWORTH, LLC
1201 BRICKELL AVE, SUITE 200
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: STAHL, THOMAS W
Address: 116 S MONROE STREET, 3RD FLOOR
City-St-Zip: TALLAHASSEE, FL 32302

Title: SM () Delete
Name: ROBINSON, SANDRA J CPA
Address: 1425 EAST PIEDMONT DR SUITE 201B
City-St-Zip: TALLAHASSEE, FL 32308

Title: T () Delete
Name: NOWELL LOVERN, MICHELLE
Address: 1425 EAST PIEDMONT DR SUITE 201B
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: TICKNER, JOHN J
Address: 21255 CALIFA ST
City-St-Zip: WOODLAND HILLS, CA 91367

Title: D () Delete
Name: BACHMAND, CHARLES
Address: 6300 UNIVERSITY PKWY
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: COSTA, JIM
Address: 7870 WOODLAND CENTER BLVD
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BACHAND, CHARLES
Address: 6300 UNIVERSITY PKWY
City-St-Zip: SARASOTA, FL 34240

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEATHER M. COX

ACCT

04/18/2007

Electronic Signature of Signing Officer or Director

_____ Date