

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 08, 2004
Secretary of State**

DOCUMENT# N99000000995

Entity Name: THE FLORIDA SURETY ASSOCIATION, INC.

Current Principal Place of Business:

2600 LUCIEN WAY SUITE 130
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

2600 LUCIEN WAY SUITE 130
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 05-1584784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEARS, JAMES W
511 N FERNCREEK AVE
ORLANDO, FL 32803 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: D () Delete
Name: CURRAN, MATTHEW E
Address: 2600 LUCIEN WAY SUITE 130
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: MORGAN, MONICA
Address: 2600 LUCIEN WAY SUITE 130
City-St-Zip: MAITLAND, FL 32751

Title: DT () Delete
Name: FULMER, JACOB
Address: 1000 LEGION PLACE STE 1100
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: COOLBAUGH, MARK
Address: 2600 LUCIEN WAY SUITE 130
City-St-Zip: MAITLAND, FL 32751

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MATTHEW E. CURRAN

D

01/08/2004

Electronic Signature of Signing Officer or Director

Date