

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006536

FILED
Feb 20, 2015
Secretary of State
CC4201238878

Entity Name: FLORIDA ASSOCIATION OF PROFESSIONAL LOBBYISTS, INC.

Current Principal Place of Business:

1625 SUMMIT LAKE DRIVE
STE 300
TALLAHASSEE, FL 32317

Current Mailing Address:

1625 SUMMIT LAKE DRIVE
STE 300
TALLAHASSEE, FL 32317

FEI Number: 32-0028505

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LANDRETH, MARK
150 S MONROE STE 400
TALLAHASSEE, FL 32301 US

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

Officer/Director Detail :

Title DIRECTOR
Name GONZALEZ, JOSE
Address 907 LASSWADE DR.
City-State-Zip: TALLAHASSEE FL 32312

Title CHAIR
Name MICA, DAVID
Address 1625 SUMMIT LAKE DRIVE
STE 300
City-State-Zip: TALLAHASSEE FL 32317

Title VP
Name HIGHTOWER, MICHAEL
Address 1625 SUMMIT LAKE DRIVE
STE 300
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name CARLSON, MICHAEL
Address 215 S MONROE ST., STE 835
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name EIKENBERG, ERIC
Address P O BOX 810
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name ERICKS, CANDICE
Address 215 S ADAMS STREET
City-State-Zip: TALLAHASSEE FL 32301

Title SECRETARY-TREASURER
Name KILLINGER, LORI
Address 1625 SUMMIT LAKE DRIVE
STE 300
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name LEONHARDT, FREDERICK
Address 301 E PINE STREET, SUITE 1400
City-State-Zip: ORLANDO FL 32801

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: DAVID MICA

CHAIR

02/20/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SMITH, JOHN W
Address P.O. BOX 10930
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name GOLDSTEIN, SUSAN
Address 215 W. COLLEGE AVE., STE. 411
City-State-Zip: TALLAHASSEE FL 32301

Title BOARD
Name GREEN, JENNIFER
Address 1625 SUMMIT LAKE DRIVE
STE 300
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name REILLY, ANDREA
Address 311 E PARK AVE.
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name BRAWER, MICHAEL P
Address 113 E COLLEGE AVENUE
City-State-Zip: TALLAHASSEE FL 32301

Title BOARD MEMBER
Name WHEELER, DOUG
Address 1625 SUMMIT LAKE DRIVE
STE 300
City-State-Zip: TALLAHASSEE FL 32317