

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006536

**Entity Name:** FLORIDA ASSOCIATION OF PROFESSIONAL LOBBYISTS, INC.

**FILED**  
**Apr 16, 2019**  
**Secretary of State**  
**0600683409CC**

**Current Principal Place of Business:**

400 CAPITAL CIRCLE SE, SUITE 18270  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

PO BOX 11238  
TALLAHASSEE, FL 32302 US

**FEI Number: 32-0028505**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GILBERT, FRANCES  
400 CAPITAL CIRCLE SE, SUITE 18270  
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: FRANCES M. GILBERT**

**04/16/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST CHAIR  
Name HIGHTOWER, MICHAEL  
Address PO BOX 11238  
City-State-Zip: TALLAHASSEE FL 32302

Title VICE-CHAIR  
Name ERICKS, CANDICE  
Address PO BOX 11238  
City-State-Zip: TALLAHASSEE FL 32302

Title SECRETARY-TREASURER  
Name GREEN, JENNIFER  
Address PO BOX 11238  
City-State-Zip: TALLAHASSEE FL 32302

Title EXECUTIVE COMMITTEE REP  
Name WHEELER, DOUG  
Address PO BOX 11238  
City-State-Zip: TALLAHASSEE FL 32302

Title CHAIR  
Name KOTTKAMP, JEFF  
Address PO BOX 11238  
City-State-Zip: TALLAHASSEE FL 32302

Title EXECUTIVE DIRECTOR  
Name GILBERT, FRANCES M.  
Address PO BOX 11238  
City-State-Zip: TALLAHASSEE FL 32302

*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: FRANCES M. GILBERT**

**EXECUTIVE DIRECTOR**

**04/16/2019**

Electronic Signature of Signing Officer/Director Detail

Date