

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000732

**FILED**  
**Jan 29, 2014**  
**Secretary of State**  
**CC8558853802**

**Entity Name:** ENTERPRISE FLORIDA, INC.

**Current Principal Place of Business:**

800 N MAGNOLIA AVE  
SUITE 1100  
ORLANDO, FL 32803

**Current Mailing Address:**

800 N MAGNOLIA AVE  
SUITE 1100  
ORLANDO, FL 32803 US

**FEI Number:** 59-3165226

**Certificate of Status Desired:** No

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

MURPHY, PAMELA  
800 N MAGNOLIA AVE  
SUITE 1100  
ORLANDO, FL 32803 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 P  
Name SWOOPE, GRAY  
Address 800 N MAGNOLIA AVE SUITE 1100  
City-State-Zip: ORLANDO FL 32803

Title V  
Name SALMON, GRIFF  
Address 800 N. MAGNOLIA AVENUE, SUITE 1100  
City-State-Zip: ORLANDO FL 32803

Title C  
Name SCOTT, RICK  
Address PL-05 THE CAPITOL  
City-State-Zip: TALLAHASSEE FL 32399

Title V  
Name LAUBSCHER, LOUIS  
Address 800 N MAGNOLIA AVE SUITE 1100  
City-State-Zip: ORLANDO FL 32803

Title VC  
Name COUCH, BRETT  
Address 100 NORTH TAMPA STREET SUITE 3400  
City-State-Zip: TAMPA FL 33602

Title T  
Name MURPHY, PAMELA  
Address 800 N MAGNOLIA AVE SUITE 1100  
City-State-Zip: ORLANDO FL 32801

*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:** PAMELA MURPHY

**VP FINANCE &  
ACCOUNTING**

**01/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date