

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 679348

**Entity Name:** FRATERNAL GROUP ADMINISTRATORS, INC.

**Current Principal Place of Business:**

1845 N. HWY A1A,  
#703  
INDIALANTIC, FL 32903

**Current Mailing Address:**

1845 N. HWY A1A,  
#703  
INDIALANTIC, FL 32903

**FEI Number:** 59-2014845

**Certificate of Status Desired:** No

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

WATT, BIBA  
1845 N. HWY A1A,  
#703  
INDIALANTIC, FL 32903 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 DP  
Name WATT, BIBA  
Address 1845 N HWY A1A, APT#703  
City-State-Zip: INDIALANTIC, FL 32903

Title ST  
Name WATT, BIBA  
Address 1845 N. HWY A1A, APT#703  
City-State-Zip: INDIALANTIC, FL 32903

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BIBA WATT

DP/ST

01/07/2014

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

\_\_\_\_\_  
Date