


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000003988
 1. Entity Name
 NCCI HOLDINGS, INC.



Principal Place of Business: 901 PENINSULA CORPORATE CIRCLE, BOCA RATON, FL 33487
 Mailing Address: 901 PENINSULA CORPORATE CIRCLE, BOCA RATON, FL 33487

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03032004 No Chg-NP CR2E037 (10/03)

4. FEI Number 52-2225042	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000092208
 03/18/04-80040-007-61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELEHANTY, TERENCE D CLO 901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO GUERRA, ALFREDO VP 901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KLINGEL, STEPHEN J 901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCO BUDD, CHERYL 901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM DECESARI, JAMES 901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WESTERVELT, HELEN 901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other life empowered.

SIGNATURE: *Terrence D. Delehanty* **Terrence D. Delehanty** 3/4/4 561-893-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #