

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07422

FILED  
Feb 26, 2004  
Secretary of State

Entity Name: FRINGE BENEFIT COORDINATORS, INC.

**Current Principal Place of Business:**

1239 N.W. 10TH AVENUE  
C/O DOROTHY MCCAWLEY  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

1239 N.W. 10TH AVENUE  
C/O DOROTHY MCCAWLEY  
GAINESVILLE, FL 32601

**New Mailing Address:**

FEI Number: 59-2048348      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MCCAWLEY, DOROTHY JEAN  
1239 N.W. 10TH AVENUE  
GAINESVILLE, FL 32601

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: MCCAWLEY, FREDERICK,  
Address: 1239 NW 10TH AVE  
City-St-Zip: GAINESVILLE, FL

Title: PD ( ) Delete  
Name: MCCAWLEY, DOROTHY JE, AN  
Address: 1239 NW 10TH AVE  
City-St-Zip: GAINESVILLE, FL

Title: ST ( ) Delete  
Name: ZINGER, MARY,  
Address: 1239 NW 10TH AVE  
City-St-Zip: GAINESVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: V (X) Change ( ) Addition  
Name: MCCAWLEY, FREDERICK J  
Address: 1239 NW 10TH AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: PD (X) Change ( ) Addition  
Name: MCCAWLEY, DOROTHY J  
Address: 1239 NW 10TH AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: ST (X) Change ( ) Addition  
Name: ZINGER, MARY M  
Address: 1239 NW 10TH AVE  
City-St-Zip: GAINESVILLE, FL 32601

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DOROTHY JEAN MCCAWLEY

PD

02/26/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date