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FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N92000000212 (2)  
1. Corporation Name  
THE TAMPA BAY AREA CHAPTER OF THE INTERNATIONAL SOCIETY OF CERTIFIED EMPLOYEE BENEFIT SPECIALIST



Principal Place of Business: 702 N. FRANKLIN ST. TAMPA FL 33602  
Mailing Address: P.O. BOX 2394 TAMPA FL 33601-2394 US

3. Date Incorporated or Qualified: 11/05/1992  
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

4. FEI Number: 59-3205131  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

9. Name and Address of Current Registered Agent  
DOLSON, BARBARA F.  
1401 N WESTHORE BLVD, 6TH FL  
TAMPA FL 33607

10. Name and Address of New Registered Agent  
81 Name: RYAN A. SIEMERS  
82 Street Address (P.O. Box Number is Not Acceptable): 3030 N. Rocky Point Dr. West  
83 Suite 410  
84 City: TAMPA FL 85 Zip Code: 33607

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *RASiemers* Treasurer DATE: 4/29/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHARON, C. WILLIAM	
STREET ADDRESS	100 SOUTH ASHLEY DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KOECHLEIN, LOIS	
STREET ADDRESS	601 E. KENNEDY, 17TH FLOOR	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KRYSTYN, ELIZABETH	
STREET ADDRESS	5521 W. CYPRESS STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN, STEPHEN D	
STREET ADDRESS	1511 N. WESTSHORE BLVD., SUITE 1100	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANNIS, LINDA	
STREET ADDRESS	702 N. FRANKLIN STREET, PLAZA 4	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NELSEN, DONALD J	
STREET ADDRESS	1511 N. WESTSHORE BLVD., SUITE 570	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	Thomas Zareczny	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		100 S. Ashley #1100	
1.3 STREET ADDRESS		Tampa FL 33602	
1.4 CITY-ST-ZIP			
2.1 TITLE	P	Gretchen Harris	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		PO Box 31328 N/A.	
2.3 STREET ADDRESS		Tampa FL 33631	
2.4 CITY-ST-ZIP			
3.1 TITLE	P		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	T	Ryan Siemers	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		3030 N. Rocky Pt. Dr. W. Ste. 410	
4.3 STREET ADDRESS		Tampa FL 33607	
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *RASiemers* DATE: 4/29/97 813 281 0521

CR2E037 (9/96)