

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008258

**FILED**  
**Mar 18, 2015**  
**Secretary of State**  
**CC5594439296**

**Entity Name:** INDEPENDENT BENEFITS COUNCIL, INC.

**Current Principal Place of Business:**

213 SOUTH ADAMS STREET  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

213 SOUTH ADAMS STREET  
TALLAHASSEE, FL 32301

**FEI Number:** 26-0763173

**Certificate of Status Desired:** No

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

DIX, PAT  
213 SOUTH ADAMS STREET  
TALLAHASSEE, FL 32301 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:** PAT DIX

03/18/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DVC  
Name MONTFORD, WILLIAM  
Address 208 SO. MONROE STREET  
City-State-Zip: TALLAHASSEE FL 32301

Title D, CHAIRMAN  
Name MIXON, JUHAN  
Address 119 E. PARK AVENUE  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name GRAHAM, WILLIAM  
Address 203 S. MONROE STREET  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR, SECRETARY,  
TREASURER  
Name DIX, PAT  
Address 213 SOUTH ADAMS STREET  
City-State-Zip: TALLAHASSEE FL 32301

*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:** PAT DIX

**SECRETARY/TREASURER** 03/18/2015

Electronic Signature of Signing Officer/Director Detail

Date