

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008258

**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:**GAURONSKAS, CAROLE MARIE  
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:** CAROLE MARIE GAURONSKAS

03/10/2022

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	DIRECTOR
Name	MESSINA, ANDREA
Address	203 S. MONROE STREET
City-State-Zip:	TALLAHASSEE FL 32301

Title	D, CHAIRMAN
Name	WHITE, MICHELE
Address	206 S. MONROE STREET SUITE B
City-State-Zip:	TALLAHASSEE FL 32301
Title	SECRETARY, TREASURER, DIRECTOR
Name	GAURONSKAS, CAROLE MARIE
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:** CAROLE GAURONSKAS**SECRETARY-TREASURER** 03/10/2022

Electronic Signature of Signing Officer/Director Detail

Date