

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000005876

**Entity Name:** FEDERAL BENEFITS INFORMATION CENTER, INC.

**Current Principal Place of Business:**

814 LANTERN WAY  
CLEARWATER, FL 33765

**Current Mailing Address:**

970 LAKE CARILLON DRIVE  
SUITE 300  
ST PETERSBURG, FL 33716

**FEI Number:** 84-2012286

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH STREET N  
SUITE 300  
ST. PETERSBURG, FL 33702 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name EDMONDS, DENNIS  
Address 970 LAKE CARILLON DRIVE #300  
City-State-Zip: ST. PETERSBURG FL 33716

Title SD  
Name EDMONDS, BRENDA  
Address 970 LAKE CARILLON DRIVE #300  
City-State-Zip: ST. PETERSBURG FL 33716

Title VD  
Name DOTY, ERIK H  
Address 970 LAKE CARILLON DRIVE #300  
City-State-Zip: ST. PETERSBURG FL 33716

Title BM  
Name MEYER, BRENT  
Address 970 LAKE CARILLON DRIVE #300  
City-State-Zip: ST. PETERSBURG FL 33716

*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: DENNIS EDMONDS**

**PRESIDENT**

**04/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date