

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07422

**Entity Name:** FRINGE BENEFIT COORDINATORS, INC.

**Current Principal Place of Business:**

4500 NW 27TH AV  
SUITE C-1  
GAINESVILLE, FL 32606

**Current Mailing Address:**

P O BOX 5249  
GAINESVILLE, FL 32627

**FEI Number:** 59-2048348

**Certificate of Status Desired:** No

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

ZINGER, GEORGE R  
4500 NW 27TH AV  
SUITE C-1  
GAINESVILLE, FL 32606 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            CEO  
Name            ZINGER, GEORGE R  
Address        4500 NW 27TH AV  
                  SUITE C-1  
City-State-Zip: GAINESVILLE FL 32606

Title            DIRECTOR  
Name            FEY, FREDERICK  
Address        4500 NW 27TH AV  
                  SUITE C-1  
City-State-Zip: GAINESVILLE FL 32606

Title            DIRECTOR  
Name            RAPSON, CHANDLER  
Address        4500 NW 27TH AV  
                  SUITE C-1  
City-State-Zip: GAINESVILLE FL 32606

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GEORGE R ZINGER

**PRES /CEO**

**03/07/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date