

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07422

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

**Current Principal Place of Business:**

5550 W. IDLEWILD AVENUE  
SUITE 110  
TAMPA, FL 33634

**Current Mailing Address:**

5550 W. IDLEWILD AVENUE  
SUITE 110  
TAMPA, FL 33634 US

**FEI Number:** 59-2048348

**Certificate of Status Desired:** No

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

CHAMBERLAIN, STEVEN M  
752 E. SILVER SPRINGS BLVD.  
OCALA, FL 34470 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:** STEVEN M. CHAMBERLAIN

03/06/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, TREASURER  
Name RAPSON, CHANDLER J  
Address 272 SW LANGELIER DRIVE  
City-State-Zip: FORT WHITE FL 32038

Title PRESIDENT  
Name FEY, FREDERICK W  
Address 272 SW LANGELIER DRIVE  
City-State-Zip: FORT WHITE FL 32038

Title DIRECTOR  
Name O'NEILL, CHARLES  
Address 5550 W. IDLEWILD AVENUE  
SUITE 110  
City-State-Zip: TAMPA FL 33634

Title DIRECTOR  
Name STRODS, ANDREJS  
Address 5550 W. IDLEWILD AVENUE  
SUITE 110  
City-State-Zip: TAMPA FL 33634

*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:** FREDERICK W. FEY

PRESIDENT

03/06/2019

Electronic Signature of Signing Officer/Director Detail

Date