

**2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F07422

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

**FILED**  
**Aug 22, 2017**  
**Secretary of State**  
**CC0177199304**

**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:**

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**

**08/22/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            MANAGER  
Name            FEY, FREDERICK  
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: FREDERICK W. FEY**

**MANAGER**

**08/22/2017**

Electronic Signature of Signing Officer/Director Detail

Date