

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000051989

Entity Name: MEMBER BENEFITS, INC**Current Principal Place of Business:**66 DEWEES AVE
ATLANTIC BEACH, FL 32233**Current Mailing Address:**PO BOX 17639
JACKSONVILLE, FL 32245 US**FEI Number:** 80-0866432**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TREFRY, NICKLAUS A
10752 DEERWOOD PARK BLVD.
SUITE 100
JACKSONVILLE, FL 32256 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:** NICKLAUS A TREFRY

02/07/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, TREASURER, DIRECTOR, CEO
Name	TREFRY, NICKLAUS A
Address	10752 DEERWOOD PARK BLVD. SUITE 100
City-State-Zip:	JACKSONVILLE FL 32256

Title	VP, SECRETARY
Name	TREFRY, COURTNEY M
Address	10752 DEERWOOD PARK BLVD. SUITE 100
City-State-Zip:	JACKSONVILLE FL 32256

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: NICKLAUS A TREFRY

PRESIDENT

02/07/2025

Electronic Signature of Signing Officer/Director Detail

Date