

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90230 010 ****61.25

DOCUMENT # F05000004972 1. Entity Name SELECT BENEFIT SERVICES ASSOCIATION, INC.			
Principal Place of Business 7 EAST GREGORY BLVD. KANSAS CITY, MISSOURI 64114		Mailing Address 7 EAST GREGORY BLVD. KANSAS CITY, MISSOURI 64114	
Principal Place of Business - No P.O. Box # 7 East Gregory Blvd.		Mailing Address 7 East Gregory Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kansas City, Missouri		City & State Kansas City, Missouri	
Zip 64114 Country		Zip 64114 Country	
6. Name and Address of Current Registered Agent WERNER, RONALD 4875 COCONUT CREEK PKWY COCONUT CREEK, FL 33063		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (Note: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D/P GORDON, DANNY 7101 EXECUTIVE CENTER DRIVE, #100 BRENTWOOD, TN 37027	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D/V DARLING, KIM 20532 EL TORO RD, #303 MISSION VIEJO, CA 92692	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D/ST PARKER, ROBERT 516 RAMBLEWOOD DRIVE BRYN MAUR, PA 19010	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____	<input type="checkbox"/> Delete <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____	<input type="checkbox"/> Delete <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____	<input type="checkbox"/> Delete <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____	<input type="checkbox"/> Delete <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Jeffrey Burman Date May 2, 2008 (847) 460-4757 Daytime Phone #	