## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000004209

City-St-Zip:

FAIR LAWN, NJ 07410

Entity Name: ING MEMBERS ASSOCIATION, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
556 TETOI LAKE MAR	N ST RY, FL 32746		556 TETON ST LAKE MARY, FL 32746	US	
Current Mailing Address:			New Mailing Address:		
556 TETOI LAKE MAR	N ST RY, FL 32746		556 TETON ST LAKE MARY, FL 32746	US	
FEI Number:	31-1717531	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
JAMISON, MICHAEL 556 TETON ST LAKE MARY, FL 32746			JAMISON, MICHAEL 556 TETON ST LAKE MARY, FL 32746	US	
	named entity su of Florida.	bmits this statement for the pu	rpose of changing its registered of	ffice or registered agent, or both,	
SIGNATURE:				04/30/2004	
	Electronic	Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	ED () D JAMISON, MICHA 556 TETON ST LAKE MARY, FL	EL	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	EBMD () D GRODY, MARK 90 PALOMINA CIF PALM DESERT, C	RCLE	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	EBMD () D GLOZEK, JOHN 22 W NICHOLAI HICKSVILLE, NY		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD () D O'CONNOR, TIM PO BOX 700 ROCKWOOD, ON		Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name:	VPD () D NITKEWICZ, BOB 21-00 ROUTE 208		Title: ( ) Name:	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MICHAEL JAMISON ED 04/30/2004