

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004209

FILED
Apr 23, 2007
Secretary of State

Entity Name: ING MEMBERS ASSOCIATION, INC.

Current Principal Place of Business:

556 TETON ST
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

556 TETON ST
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 31-1717531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMISON, MICHAEL
556 TETON ST
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: JAMISON, MICHAEL
Address: 556 TETON ST
City-St-Zip: LAKE MARY, FL 32746 US

Title: EBMD () Delete
Name: STEINBACH, JOHN
Address: 5545 FERMI COURT
City-St-Zip: CARLSBAD, CA 92253 US

Title: PD () Delete
Name: GLOZEK, JOHN
Address: 22 W NICHOLAI
City-St-Zip: HICKSVILLE, NY 11801 US

Title: EMBD () Delete
Name: BACOT, JACK
Address: 2157 WAPPOO DR.
City-St-Zip: CHARLESTON, SC 29412 US

Title: PPD () Delete
Name: HUBBARD, JAY
Address: 3980 SWENSON AVE.
City-St-Zip: FAIR LAWN, NJ 07410 US

Title: EBMD () Delete
Name: CONVERSE, GEOFF
Address: 558 LUMBERT MILL RD
City-St-Zip: CENTERVILLE, MA 02632 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EMBD (X) Change () Addition
Name: BACOT, JACK
Address: 4347 TEN SHILLINGS WAY
City-St-Zip: RAVENEL, SC 29470 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: MICHAEL JAMISON

ED

04/23/2007

Electronic Signature of Signing Officer or Director

Date