

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90096 026 ****61.25

001610

DOCUMENT # N00000004209



1. Entity Name
ING MEMBERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
556 TETON ST **556 TETON ST**
LAKE MARY FL 32746 **LAKE MARY FL 32746**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Zip Country Country

4. FEI Number **31-1717531** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JAMISON, MICHAEL
556 TETON ST
LAKE MARY FL 32746

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	ED	<input type="checkbox"/> Delete
NAME	JAMISON, MICHAEL	
STREET ADDRESS	556 TETON ST	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	EBMD	<input type="checkbox"/> Delete
NAME	GRODY, MARK	
STREET ADDRESS	90 PALOMINA CIRCLE	
CITY-ST-ZIP	PALM DESERT CA 92211	
TITLE	EBMD	<input type="checkbox"/> Delete
NAME	GLOZEK, JOHN	
STREET ADDRESS	22 W NICHOLAI	
CITY-ST-ZIP	HICKSVILLE NY 11801	
TITLE	PD	<input type="checkbox"/> Delete
NAME	O'CONNOR, TIM	
STREET ADDRESS	PO BOX 700	
CITY-ST-ZIP	ROCKWOOD, ONTARIO NOB- 2K0	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NITKEWICZ, BOB	
STREET ADDRESS	21-00 ROUTE 208	
CITY-ST-ZIP	FAIR LAWN NJ 07410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Michael Jamison Date: 4/26/03 Phone: 407-328-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)