

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90041 043 ****61.25

DOCUMENT # N04366

1. Entity Name
**FLORIDA WEST COAST EMPLOYEE BENEFITS
COUNCIL, INC.**



Principal Place of Business
**P.O. BOX 2176
TAMPA, FL 33601**

Mailing Address
**P.O. BOX 2176
TAMPA, FL 33601**

40020982



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2436877

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DURFEE, DAVID
C/O ING FINANCIAL
2202 WESTSHORE BLVD, STE 350
TAMPA, FL 33607**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **MCBROOM, PAUL**
STREET ADDRESS **2857 WEATHERSFIELD COURT**
CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **PE** ☐ Delete
NAME **HISE, LARA**
STREET ADDRESS **881 LA PLAZA AVENUE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

TITLE **1VP** ☒ Delete
NAME **ZYONSE, JEFF**
STREET ADDRESS **11908 ROYCE WATERFORD CIRCLE**
CITY-ST-ZIP **TAMPA, FL 33626**

TITLE **2VP** ☐ Delete
NAME **GEISLER-MURPHY, BRENDA**
STREET ADDRESS **P.O. BOX 2456**
CITY-ST-ZIP **CLEARWATER, FL 337572456**

TITLE **T** ☐ Delete
NAME **DURFEE, DAVID**
STREET ADDRESS **2202 WESTSHORE BLVD, #350**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **S** ☐ Delete
NAME **HANCOCK, MELANIE**
STREET ADDRESS **101 EAST KENNEDY BLVD**
CITY-ST-ZIP **TAMPA, FL 33601**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PE** ☒ Change ☒ Addition
NAME **~~Walters, Lowell~~**
STREET ADDRESS **201 N. Franklin St Suite 2200**
CITY-ST-ZIP **TAMPA, FL 33604**

TITLE **PE** ☒ Change ☐ Addition
NAME **Hise, Lara**
STREET ADDRESS **5139 5th Way N**
CITY-ST-ZIP **St Petersburg, FL 33703**

TITLE **2VP** ☐ Change ☒ Addition
NAME **Cardillo, Reba**
STREET ADDRESS **8295 Delaware Ave**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE **1VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS **17757 US Hwy 19 North**
CITY-ST-ZIP **Clearwater, FL 33764**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
NAME **Hancock, Melanie**
STREET ADDRESS **101 E Kennedy Blvd Suite 3700**
CITY-ST-ZIP **TAMPA, FL 33602**

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

Date

Daytime Phone #

David Durfee, Treasurer

2/26/07 813-334-1059