

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04366

FILED
Jan 06, 2010
Secretary of State

Entity Name: FLORIDA WEST COAST EMPLOYEE BENEFITS COUNCIL, INC.

Current Principal Place of Business:

C/O ING 1715 N WEST SHORE BLVD
SUITE 300
TAMPA, FL 33601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2176
TAMPA, FL 33601

New Mailing Address:

FEI Number: 59-2436877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURFEE, DAVID
C/O ING FINANCIAL
1715 N WESTSHORE BLVD, STE 300
TAMPA, FL 33607 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: P
Name: REBA, CARDILLO
Address: 8295 DELAWARE AVE
City-St-Zip: TAMPA, FL 33606

Title: PE
Name: RIECK, BARBARA
Address: 16255 BAYVISTA DRIVE
City-St-Zip: CLEARWATER, FL 33760

Title: 1VP
Name: SNYDER, MARY
Address: P. O BOX 2176
City-St-Zip: TAMPA, FL 33601

Title: T
Name: DURFEE, DAVID
Address: 1715 N WESTSHORE BLVD, #300
City-St-Zip: TAMPA, FL 33607

Title: S
Name: NAGORKA, DEBORAH
Address: 701 94TH AVE. NORTH STE. 200
City-St-Zip: SAINT PETERSBURG, FL 33702

I hereby 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 all other like empowered.

SIGNATURE: DAVID DURFEE

T

01/06/2010

Electronic Signature of Signing Officer or Director

Date