

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13629

FILED
Jul 23, 2004
Secretary of State

Entity Name: FLORIDA CENTER FOR FINANCIAL TRAINING, INC.

Current Principal Place of Business:

112 W ADAMS ST., SUITE 1425
JACKSONVILLE, FL 32202

New Principal Place of Business:

126 W ADAMS ST., SUITE 501
JACKSONVILLE, FL 32202

Current Mailing Address:

112 W ADAMS ST., SUITE 1425
JACKSONVILLE, FL 32202

New Mailing Address:

126 W ADAMS ST., SUITE 501
JACKSONVILLE, FL 32202

FEI Number: 59-2626656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, LISA
112 W. ADAMS ST., STE. 1425
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

PHILLIPS, LISA
126 W. ADAMS ST., STE. 501
JACKSONVILLE, FL 32202 US

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:

07/23/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DO () Delete
Name: MURRAY, DANE
Address: P.O. BOX 1167
City-St-Zip: WALTERBORO, SC 29488

Title: DO () Delete
Name: BOWERS, ELAINE
Address: P.O. BOX 1029
City-St-Zip: GREENVILLE, SC 29602

Title: DO () Delete
Name: TAYLOR, GREG
Address: 901 NORTH MAIN STREET
City-St-Zip: DALLAS, TX 75202

Title: DO () Delete
Name: STAKE, DONNA
Address: 840 EDGEWOOD AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205

Title: PD () Delete
Name: RAMAYYA, HARSHA
Address: 10151 DEERWOOD PARK BLVD BLDG 300
City-St-Zip: JACKSONVILLE, FL 32256

Title: DO () Delete
Name: BRAMBLETT, SHARON
Address: 9000 SOUTHSIDE BOULEVARD BLDG 600
City-St-Zip: JACKSONVILLE, FL 32256

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

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 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.

SIGNATURE: HARSHA RAMAYYA

PD

07/23/2004

Electronic Signature of Signing Officer or Director

Date