

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 23, 2004  
Secretary of State**

DOCUMENT# N13629

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: \_\_\_\_\_ Date: 07/23/2004  
Electronic Signature of Registered Agent

**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      Date: 07/23/2004  
Electronic Signature of Signing Officer or Director