


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90021 024 ****61.25

DOCUMENT # N13629
 1. Entity Name
 FLORIDA CENTER FOR FINANCIAL TRAINING, INC.



Principal Place of Business
 126 W ADAMS ST., SUITE 501
 JACKSONVILLE, FL 32202

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

DO NOT WRITE IN THIS SPACE

40010000



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2626656	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO MURRAY, DANE P.O. BOX 4287 950 John C Calhoun Drive ORANGEBURG, SC 29116 29115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO BOWERS, ELAINE P.O. BOX 1029 630 E. Washington St, Ste. A GREENVILLE, SC 29602 29601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO TAYLOR, GREG 9000 SOUTHSIDE BLVD., BLDG. 100 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO BURT, JAN 1320 MAIN ST, STE 175 COLUMBIA, SC 29201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO ROBERTS, JIM 340 WEST MAIN STREET MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO BRAMBLETT, SHARON 9000 SOUTHSIDE BOULEVARD BLDG 600 JACKSONVILLE, FL 32256

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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:  1/22/08 904-354-4830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #