

**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**

40010000



01142008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2626656**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE DO  
NAME MURRAY, DANE  
STREET ADDRESS P.O. BOX 1287 950 John C Calhoun Drive  
CITY-ST-ZIP ORANGEBURG, SC 29116 29115

TITLE DO  
NAME BOWERS, ELAINE  
STREET ADDRESS P.O. BOX 1029 630 E. Washington St. Ste. A  
CITY-ST-ZIP GREENVILLE, SC 29602 29601

TITLE DO  
NAME TAYLOR, GREG  
STREET ADDRESS 9000 SOUTHSIDE BLVD., BLDG. 100  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE DO  
NAME BURT, JAN  
STREET ADDRESS 1320 MAIN ST, STE 175  
CITY-ST-ZIP COLUMBIA, SC 29201

TITLE DO  
NAME ROBERTS, JIM  
STREET ADDRESS 340 WEST MAIN STREET  
CITY-ST-ZIP MAYO, FL 32066

TITLE DO  
NAME BRAMBLETT, SHARON  
STREET ADDRESS 9000 SOUTHSIDE BOULEVARD BLDG 600  
CITY-ST-ZIP JACKSONVILLE, FL 32256

**DO NOT WRITE  
IN THIS SPACE**

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 #

1/22/08 904-354-4830