

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13629

FILED
Feb 26, 2009
Secretary of State

Entity Name: FLORIDA CENTER FOR FINANCIAL TRAINING, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
126 W. ADAMS ST., STE. 501
JACKSONVILLE, FL 32202 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: DO () Delete
Name: MURRAY, DANE
Address: 950 JOHN C CALHOUN DRIVE
City-St-Zip: ORANGEBURG, SC 29115

Title: DO () Delete
Name: BOWERS, ELAINE
Address: 630 E WASHINGTON ST, STE A
City-St-Zip: GREENVILLE, SC 29601

Title: DO () Delete
Name: TAYLOR, GREG
Address: 9000 SOUTHSIDE BLVD., BLDG. 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: DO () Delete
Name: BURT, JAN
Address: 1320 MAIN ST, STE 175
City-St-Zip: COLUMBIA, SC 29201

Title: DO () Delete
Name: ROBERTS, JIM
Address: 340 WEST MAIN STREET
City-St-Zip: MAYO, FL 32066

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: D (X) Change () Addition
Name: MURRAY, DANE
Address: 950 JOHN C CALHOUN DRIVE
City-St-Zip: ORANGEBURG, SC 29115

Title: D (X) Change () Addition
Name: BOWERS, ELAINE
Address: 630 E WASHINGTON ST, STE A
City-St-Zip: GREENVILLE, SC 29601

Title: O/D (X) Change () Addition
Name: TAYLOR, GREG
Address: 9000 SOUTHSIDE BLVD., BLDG. 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change () Addition
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Address: 1320 MAIN ST, STE 175
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Title: D (X) Change () Addition
Name: ROBERTS, JIM
Address: 340 WEST MAIN STREET
City-St-Zip: MAYO, FL 32066

Title: D (X) Change () Addition
Name: BRAMBLETT, SHARON
Address: 9000 SOUTHSIDE BOULEVARD BLDG 600
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LISA PHILLIPS

Electronic Signature of Signing Officer or Director

O/D

02/26/2009

Date