

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13629

FILED
Jan 20, 2011
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: D
Name: MURRAY, DANE
Address: 950 JOHN C CALHOUN DRIVE
City-St-Zip: ORANGEBURG, SC 29115

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

Title: O/D
Name: TAYLOR, GREG
Address: 1631 NE 16TH TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: D
Name: BURT, JAN
Address: 1320 MAIN ST, STE 175
City-St-Zip: COLUMBIA, SC 29201

Title: D
Name: ROBERTS, JIM
Address: 340 WEST MAIN STREET
City-St-Zip: MAYO, FL 32066

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

I hereby 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 all other like empowered.

SIGNATURE: LISA PHILLIPS

OFFI

01/20/2011

Electronic Signature of Signing Officer or Director

Date