


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90956 003 ****61.25

DOCUMENT # N13629

1. Entity Name
FLORIDA CENTER FOR FINANCIAL TRAINING, INC.



Principal Place of Business Mailing Address
112 W ADAMS ST., SUITE 1425 **112 W ADAMS ST., SUITE 1425**
JACKSONVILLE FL 32202 **JACKSONVILLE FL 32202**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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
112 W. ADAMS ST., STE. 1425
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DO	<input type="checkbox"/> Delete
NAME	MURRAY, DANE	
STREET ADDRESS	P.O. BOX 1167	
CITY-ST-ZIP	WALTERBORO SC 29488	
TITLE	DO	<input type="checkbox"/> Delete
NAME	BOWERS, ELAINE	
STREET ADDRESS	P.O. BOX 1029	
CITY-ST-ZIP	GREENVILLE SC 29602	
TITLE	DO	<input type="checkbox"/> Delete
NAME	TAYLOR, GREG	
STREET ADDRESS	101 SOUTH TRYON STREET	
CITY-ST-ZIP	CHARLOTTE NC 25225-0001	
TITLE	DO	<input checked="" type="checkbox"/> Delete
NAME	TIMMONS, BARBARA	
STREET ADDRESS	P O BOX 897	
CITY-ST-ZIP	SUMMERVILLE SC 29484	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RAMAYYA, HARSHA	
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	DO	<input type="checkbox"/> Delete
NAME	BRAMBLETT, SHARON	
STREET ADDRESS	10401 DEERWOOD PARK BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	901 North Main Street	
CITY-ST-ZIP	Dallas, TX 75202	
TITLE	DO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Stake	
STREET ADDRESS	840 Edgewood Avenue South	
CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10151 Deerwood Park Blvd., Bldg. 300	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9000 Southside Boulevard, Bldg. 600	
CITY-ST-ZIP	Jacksonville, FL 32256	

12. I hereby certify that the information supplied with this filing does not qualify 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 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]* SIGNATURE RE/HARSHA V. RAMAYYA 4/1/03 904.620.6844

CR2E037 (10/02)