FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:04

DOCUMENT # N28476 (2)

1. Corporation Name

EMPLOYEE BENEFITS COUNCIL OF NORTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
3333 ATLANTIC BLVD JACKSONVILLE FL 32207	3333 ATLANTIC BLVD JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1988
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2910155 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KEMP WANDA
3333 ATLANTIC BLVD.
S-2400
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Karl Zillgitt D/S	☐ Change ☒ Addition
NAME	BRIERY, DIANNE	1.2 NAME		
STREET ADDRESS	1301 GULF LIFE DR, S2400	1.3 STREET ADDRESS	225 Water Street, Suite 1800	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32201	
TITLE	DT	2.1 TITLE	Fred H. Steffey D	☐ Change ☒ Addition
NAME	SAVOIE, CHERI E	2.2 NAME		
STREET ADDRESS	101 CENTURY 21 DRIVE	2.3 STREET ADDRESS	6620 Southpoint Drive S., Suite 300	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	DS	3.1 TITLE	D	☒ Change ☐ Addition
NAME	COLD, KATHELEEN HOLB	3.2 NAME		
STREET ADDRESS	ONE INDEPENDENT SQUARE, SUITE 2301	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	DP	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SANCHEZ-SALAZAR, BARBARA	4.2 NAME		
STREET ADDRESS	50 N LAURA ST, S-2800	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	DV	5.1 TITLE	D/P	☒ Change ☐ Addition
NAME	RICHTER, ROBERT	5.2 NAME		
STREET ADDRESS	1660 PRUDENTIAL DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D/T	☒ Change ☐ Addition
NAME	KEMP, WANDA	6.2 NAME		
STREET ADDRESS	3333 ATLANTIC BLVD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wanda W. Kemp Wanda W. Kemp-Treasurer 3/27/95 904-396-9371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028107

#13 ADDITION

Michelle LeLouche D/V
1660 Prudential Drive
Jacksonville, FL 32207