

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/20/1988</b>		3a. Date of Last Report <b>03/13/1995</b>	
21		26		4. FEI Number <b>59-2910155</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

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

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D BRIERY, DIANNE</b>	1.2 NAME	<b>Dale Smith</b>
STREET ADDRESS	<b>1301 GULF LIFE DR, S2400</b>	1.3 STREET ADDRESS	<b>101 Century 21 Drive, Suite 202</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	<b>Jacksonville FL 32216</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DT SAVOIE, CHERI E</b>	2.2 NAME	<b>VD Michelle Lellouche</b>
STREET ADDRESS	<b>101 CENTURY 21 DRIVE</b>	2.3 STREET ADDRESS	<b>1660 Prudential Drive</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	<b>Jacksonville FL 32206</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D COLD, KATHELEEN HOLB</b>	3.2 NAME	<b>DP Kim Blankenship</b>
STREET ADDRESS	<b>ONE INDEPENDENT SQUARE, SUITE 2301</b>	3.3 STREET ADDRESS	<b>1819 N. Third St</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	<b>Jacksonville Beach FL 32250</b>
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D SANCHEZ-SALAZAR, BARBARA</b>	4.2 NAME	<b>DS Karl Zillyet</b>
STREET ADDRESS	<b>50 N LAURA ST, S-2800</b>	4.3 STREET ADDRESS	<b>3333 Atlantic Blvd</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	<b>Jacksonville FL 32207</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DP RICHTER, ROBERT</b>	5.2 NAME	<b>D Robert Richter</b>
STREET ADDRESS	<b>1660 PRUDENTIAL DR</b>	5.3 STREET ADDRESS	<b>1660 Prudential Drive</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY-ST-ZIP	<b>Jacksonville FL</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DT KEMP, WANDA</b>	6.2 NAME	<b>800001828628</b>
STREET ADDRESS	<b>3333 ATLANTIC BLVD.</b>	6.3 STREET ADDRESS	<b>-05/20/96--01030--017</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	6.4 CITY-ST-ZIP	<b>***61.25</b>

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/27/96**

**904 270 0066**

CR2E037 (12/95)