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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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

21 101 Century 21 Dr.
Suite, Apt. #, etc. Suite 202

22 Jacksonville FL
City & State

23 32216 FL
Zip Country

2a. Mailing Address

26 101 Century 21 Dr.
Suite, Apt. #, etc. Suite 202

27 Jacksonville FL
City & State

28 32216 FL
Zip Country

3. Date Incorporated or Qualified

09/20/1988

4. FEI Number

59-2910155

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SMITH, DALE F
101 CENTURY 21 DRIVE, SUITE 202
JACKSONVILLE FL 32216

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 617.0502 and 617.1503, 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 the provisions of Sections 617.0503, Florida Statutes.

SIGNATURE

Dale F. Smith, Treasurer

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SMITH, DALE
STREET ADDRESS 101 CENTURY 21 DRIVE, SUITE 202
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME LELLOUCHE, MICHELLE
STREET ADDRESS 1880 PRUDENTIAL DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ DELETE

NAME SHIELDS, TAMARA
STREET ADDRESS 9000 SOUTHSIDE BLVD BLDG 100
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME ZILLGET, KARL
STREET ADDRESS 3333 ATLANTIC BLVD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME LAHNEN, WILLIAM R JR
STREET ADDRESS 6622 SOUTHPOINT DR S SUITE 495
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME DORSA, LORRAINE
STREET ADDRESS 419 N THIRD ST
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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: *Dale F. Smith, Treasurer*

4/22/98 904 727-7539

CR2E037 (10/97)