

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am
Secretary of State

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

DOCUMENT # **N40560** (7)

1. Corporation Name

BENEFITS FOR CORPORATE AMERICA, INC.

Principal Place of Business

5052 N. TAMiami TRAIL
NAPLES FL 33940
US

Mailing Address

5052 N. TAMiami TRAIL
NAPLES FL 33940
US



3. Date Incorporated or Qualified

10/23/1990

4. FEI Number

65-0298754

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip **34103** 25 Country

29 Zip **34103** 30 Country

9. Name and Address of Current Registered Agent

GOODMAN, KENNETH D.
3033 RIVIERA DRIVE
SUITE 106
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
Goodman, Kenneth D.
82 Street Address (P.O. Box Number is Not Acceptable)
5551 Ridgewood Drive
83 Suite 405
84 City **Naples** FL 85 Zip Code **34108**

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

TITLE ☐ DELETE

NAME **DP**
DEAVERS, GIL
STREET ADDRESS **5052 N TAMiami TRAIL**
CITY-ST-ZIP **NAPLES FL 33940**

TITLE ☐ DELETE

NAME **DVS**
DEAVERS, DOUG
STREET ADDRESS **5052 N. TAMiami TRAIL**
CITY-ST-ZIP **NAPLES FL 33940**

TITLE ☐ DELETE

NAME **D**
DEAVERS JANE A.
STREET ADDRESS **5052 N. TAMiami TRAIL**
CITY-ST-ZIP **NAPLES FL 33940**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Naples, FL 34103**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP **Naples, FL 34103**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP **Naples, FL 34103**

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:

UP REQUIRED

1-20-98

941 263 4104

CR2E037 (10/97)