



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90044 046 ****61.25

DOCUMENT # N40560 1. Entity Name BENEFITS FOR CORPORATE AMERICA, INC.					
Principal Place of Business 5052 N. TAMiami TRAIL NAPLES, FL 34103 US				Mailing Address 5052 N. TAMiami TRAIL NAPLES, FL 34103 US	
2. Principal Place of Business 3920 VIA DEL REY #4 Suite, Apt. #, etc.		3. Mailing Address 3920 VIA DEL REY #4 Suite, Apt. #, etc.			
City & State BONITA SPRINGS FL		City & State BONITA SPRINGS FL		4. FEI Number 65-0298754	
Zip 34134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODMAN, KENNETH D 3838 TAMiami TRAIL N #300 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name CHERYL L. DEEVERS Street Address (P.O. Box Number is Not Acceptable) 3920 VIA DEL REY #4 City BONITA SPRINGS FL Zip Code 34134	
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 <u>Cheryl L. Deever</u> CHERYL L. DEEVERS DATE 4/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DEEVERS, GIL 5052 N. TAMiami TRAIL NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3920 VIA DEL REY #4 BONITA SPRINGS FL 34134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS DEEVERS, DOUG 5052 N. TAMiami TRAIL NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3920 VIA DEL REY #4 BONITA SPRINGS FL 34134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEEVERS JANE A. 5052 N. TAMiami TRAIL NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3920 VIA DEL REY #4 BONITA SPRINGS FL 34134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/21/04		Daytime Phone # 239 947 2443