

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2004
Secretary of State**

DOCUMENT# N46392

Entity Name: EMPLOYEE BENEFITS COUNCIL OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1417 E. CONCORD ST.
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1417 E. CONCORD ST.
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-2923955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENNIS, KATHRYN L
1417 E. CONCORD ST.
ORLANDO, FL 32803

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHAAL, NADINE
Address: 255 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32802

Title: TD () Delete
Name: ENNIS, KATHY
Address: 1417 E. CONCORD ST.
City-St-Zip: ORLANDO, FL 32803

Title: SD () Delete
Name: CONNERT, SUSAN
Address: 200 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32802

Title: D () Delete
Name: KUTLENIOS, KIM
Address: 111 N ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: CLAYTON, ANGELA
Address: 755 S. ORANGE AVENUE, SUITE 801
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: GOLDBERG, KAREN
Address: 1950 SUMMIT PARK AVE., SUITE 100
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CONNERLY, SUSAN
Address: 200 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32802

Title: D (X) Change () Addition
Name: HUTCHINSON, LINDA
Address: 4060 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: D (X) Change () Addition
Name: LABELLE, AMY
Address: 111 N ORANGE AVENUE, SUITE 1100
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Change () Addition
Name: MCNUTT, IRENE
Address: 201 E PINE STREET
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN L ENNIS

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04/30/2004

Electronic Signature of Signing Officer or Director

Date