

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46392

FILED
Apr 29, 2008
Secretary of State

Entity Name: ASPPA 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:

URBACH, NANCY L
1417 E. CONCORD ST.
ORLANDO, FL 32803 US

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: SD () Delete
Name: GADY, MARCI
Address: 200 S ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

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

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

Title: D () Delete
Name: LABELLE, AMY
Address: 450 S. ORANGE AVENUE 14TH FLOOR
City-St-Zip: ORLANDO, FL 32801

Title: PD () Delete
Name: MCNUTT, IRENE
Address: 201 E PINE STREET, SUITE 801
City-St-Zip: ORLANDO, FL 32801

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: MCNUTT, IRENE
Address: 201 E PINE STREET, SUITE 801
City-St-Zip: ORLANDO, FL 32801

Title: P () Change (X) Addition
Name: SPARKS, JEFFREY
Address: P.O. BOX 622857
City-St-Zip: OVIEDO, FL 32762

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: NANCY L. URBACH

TD

04/29/2008

Electronic Signature of Signing Officer or Director

Date