2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N46392

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	(X) 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:	D	(X) Delete
Name:	MCNUTT, IRENE	
Address:	201 E PINE STREET, SUITE 801	
City-St-Zip:	ORLANDO, FL 32801	
Title:	P	( ) Delete
Name:	SPARKS, JEFFREY	
Address:	P.O. BOX 622857	
City-St-Zip:	OVIEDO, FL 32762	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	SD	(X) Change ( ) Addition
Name:	CONERLY, SUSAN	
Address:	200 S ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 32801	
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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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 04/16/2009

Electronic Signature of Signing Officer or Director — Date