

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46392

**FILED**  
**Apr 19, 2010**  
**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  
Name: TRIBBLE, MICHELLE  
Address: 2334 BANCROFT BLVD  
City-St-Zip: ORLANDO, FL 32833

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

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

Title: P  
Name: CALDWELL, TIMOTHY  
Address: 220E CENTRAL PKWY #3040  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby 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 all other like empowered.

SIGNATURE: NANCY L. URBACH

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04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date