

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
--	---

DOCUMENT # **N46756** (5)

1. Corporation Name

**THE SOUTH FLORIDA CHAPTER OF THE INTERNATIONAL SOCIETY OF CERTIFIED EMPLOYEE BENEFIT SPECIALISTS**

Principal Place of Business

Mailing Address

~~% BARNETT BANK NA  
1 EAST BROWARD BLVD  
FT LAUDERDALE FL 33301  
US~~

~~% BARNETT BANK NA  
1 EAST BROWARD BLVD  
FT LAUDERDALE FL 33301  
US~~



2. Principal Place of Business

2a. Mailing Address

21 **740 N.E. 199 St.**

26 **same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **G-202 (c/o Furlong)**

27

City & State

City & State

23 **Miami, FL**

28

Zip

Country

Zip

Country

24 **33179**

25 **SA**

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**01/08/1992**

4. FEI Number

**65-0325256**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**MS ANNELY THOMPSON CEBS  
% BARNETT BANK NA  
1 EAST BROWARD BLVD  
FT LAUDERDALE FL 33301**

81 Name

**Carolyn I. Furlong**

82 Street Address (P.O. Box Number is Not Acceptable)

**740 N.E. 199 St.,**

83

**G-202**

84 City

**Miami**

**FL**

85 Zip Code **33179**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Carolyn I. Furlong*  
Signature, typed or printed name of registered agent and title if applicable.

**CAROLYN I. FURLONG**

**2-20-98**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D O'LEARY, GERALD J**  
STREET ADDRESS **200 S. BISCAYNE BLVD.**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE

NAME **THOMPSON, ANNELY**  
STREET ADDRESS **ONE EAST BROWARD BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☐ DELETE

NAME **FURLONG, CAROLYN I**  
STREET ADDRESS **10800 BISCAYNE BLVD.**  
CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☒ DELETE

NAME **DURKIN, DANIEL E**  
STREET ADDRESS **2255 GLADES RD STE 400E**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D**

☒ Change ☐ Addition

**PD**

**Furlong, Carolyn I.  
740 N.E. 199 St., G-202  
Miami, FL 33179**

☒ Change ☐ Addition

**VPD**

**Howard, Cathleen  
1618 N.W. Boca Raton Blvd.  
Boca Raton, FL 33432**

☐ Change ☒ Addition

**STD**

**Zerilli, Kathleen  
5600 Broken Sound Rd.  
Boca Raton, FL 33487**

☐ Change ☒ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**CAROLYN I. FURLONG, PRESIDENT**

2/09/98 (305) 652-9173

CR2E037 (10/97)