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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90263 030 \*\*\*\*61.25

0018166

DOCUMENT # N94000005301

1. Corporation Name

EMPLOYEE BENEFIT FUND, INC.

451517 - 90263 - 30

Principal Place of Business

10066 GENERAL DR.  
ORLANDO FL 32824

Mailing Address

10066 GENERAL DR.  
ORLANDO FL 32824



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/26/1994

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3276571

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, STEVEN  
10066 GENERAL DR.  
ORLANDO FL 32824

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT  
NAME WILSON, STEVEN  
STREET ADDRESS 10066 GENERAL DR.  
CITY-ST-ZIP ORLANDO FL 32824

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME HARMON, ED  
STREET ADDRESS 10066 GENERAL DR  
CITY-ST-ZIP ORLANDO FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME COAKLEY, CHUCK  
STREET ADDRESS 10066 GENERAL DR.  
CITY-ST-ZIP ORLANDO FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME CART, DENISE  
STREET ADDRESS 10066 GENERAL DR.  
CITY-ST-ZIP ORLANDO FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME HAMILTON, JOHN  
STREET ADDRESS 10066 GENERAL DR  
CITY-ST-ZIP ORLANDO FL 32824

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME MADDOX, GYLES  
STREET ADDRESS 10066 GENERAL DR  
CITY-ST-ZIP ORLANDO FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-99 407/251-5144

CR2E037 (11/98)