

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002702 (7)

1. Corporation Name

THE ORLANDO CHAPTER OF THE INTERNATIONAL SOCIETY
OF CERTIFIED EMPLOYEE BENEFIT SPECIALISTS, INC.



Principal Place of Business

Mailing Address

601 EAST ROLLINS ST.
ORLANDO FL 32803

601 EAST ROLLINS ST.
ORLANDO FL 32803

3. Date Incorporated or Qualified
05/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

☒ Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, DONALD G
601 EAST ROLLINS ST.
ORLANDO FL 32803

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 D ☒ DELETE
NAME CREEKMORE, JOHN H
STREET ADDRESS % P.O. BOX 2127
CITY-ST-ZIP OVIEDO FL 32765-2127

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

TITLE D ☐ DELETE
NAME JONES, DONALD G
STREET ADDRESS FLA. HOSPITAL, 601 E. ROLLINS ST.
CITY-ST-ZIP ORLANDO FL 32803

2.1 TITLE D/P ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME OWEN, WEBSTER H
STREET ADDRESS 3001 ALOMA AVE., STE. 221
CITY-ST-ZIP WINTER PARK FL 32792

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

TITLE D ☐ DELETE
NAME ROBINSON, JOHN D
STREET ADDRESS WITTNER COMPANIES, 501 N. MAGNOLIA, #200
CITY-ST-ZIP ORLANDO FL 32801

4.1 TITLE D/V ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME SCHMIDT, NED
STREET ADDRESS SCHMIDT MGMT. CO., 719 EASTOVER CIR.
CITY-ST-ZIP DELAND FL 32724

5.1 TITLE D/S/T ☐ Change ☒ Addition
5.2 NAME Fugate, Tami R.
5.3 STREET ADDRESS Newport Group, 300 International Pkwy
5.4 CITY-ST-ZIP Heathrow, FL 32746

TITLE D ☒ DELETE
NAME SEARS, JULIE E
STREET ADDRESS CORPORATE BENEFITS, 20 N. ORANGE AVE, #404
CITY-ST-ZIP ORLANDO FL 32801

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald G. Jones 2/24/96

(407)897-1997

Daytime Phone #

CR2E037 (12/95)