FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

601 EAST ROLLINS ST.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N95000002702 (7) DOCUMENT

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

> Mailing Address 601 EAST ROLLING ST.

ORLANDO FL 32803 ORLANDO FL 32803-1273 3. Date incorporated or Qualified 3a. Date of Last Report 05/30/1995 03/06/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 616 East Rollins Street 616 East Rollins Street 59-3377368 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite 101 Fee Required Suite 101 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Orlando, FL Trust Fund Contribution Added to Fees 28 Orlando. Fl Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 32803 USA Yes X No 32803 25 USA 30 Florida Statutes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Donald G. Jones JONES, DONALD G Street Address (P.O. Box Number is Not Acceptable)
616 East Rollins Street 82 **601 EAST ROLLINS ST.** 83 ORLANDO FL 32803 Suite 101 84 Orlando 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, 1 am familiar with, and accept the obligations of Section 617.0503, Florida Statutes. 2/19/97 Donald G. Jones Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DST ☐ DELETE 1.1 TITLE TITLE D FUGATE, TAMI R 1.2 NAME NAME **NEWPORT GROUP, 300 INTERNATINAL PKWY** STREET ADDRESS 1.3 STREET ADORESS **HEATHROW FL 32746** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Y Change THE 2.1 TITLE JONES, DONALD G 2.2 NAME NAME FLA. HOSPITAL, 601 E. ROLLINS ST. 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32803 2. 4 CITY-ST-ZIP CHTY-SI-ZIP Addition **Y** Change DELETE 3.1 TITLE TITLE ROBINSON, JOHN D 3.2 NAME NAME WITTNER COMPANIES, 501 N. MAGNOLIA, #200 3.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 3.4. CITY-ST-ZIP CITY-ST-ZIP Change X Addition ☐ DELETE 4.1 TITLE TITLE D Sears, Juliet E. Corporate Benefits, Inc., 20 N. Orange Ave NAME SCHMIDT, NED 4.2 NAME SCHMIDT MGMT. CO., 719 EASTOVER CIR. 4.3 STREET ADDRESS STREET ADDRESS Drlando, FL 32801 DELAND FL 32724 4.4 CITY-ST-7IP CITY-ST-ZIP DELETE Change **Addition** THUE 5.1 TITLE Leporati, Michelle A. 5.2 NAME NAME Sun Bank, 200 S. Orange Ave 5.3 STREET ADDRESS STREET ADDRESS <u>Orlando, FL</u> 32801 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change X Addition TITLE 6.2 NAME Sullivan, Tarra G.
6.3 STREET ADDRESS Barnett Bank, 390 N. Orange Ave NAME

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

14. I do 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.

Donald G. Jones February 19, 1997

<u> Orlando, FL 32801</u>

FILED

Mar 04 1997 8:00am

Secretary of State