

FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

**616 EAST ROLLINS ST  
STE 101  
ORLANDO FL 32803  
US**

**616 EAST ROLLINS ST  
STE 101  
ORLANDO FL 32803  
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**05/30/1995**

4. FEI Number

**59-3377368**

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

**JONES, DONALD G  
616 EAST ROLLINS ST  
STE 101  
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 **FUGATE, TAMI R**  
STREET ADDRESS **NEWPORT GROUP, 300 INTERNATIONAL PKWY**  
CITY-ST-ZIP **HEATHROW FL**

1.1 TITLE **DST** ☐ Change ☒ Addition  
1.2 NAME **Schmidt, Ned W.**  
1.3 STREET ADDRESS **2750 Princeton Place**  
1.4 CITY-ST-ZIP **Deland, FL 32720**

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

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **Pankratz, Richard M.**  
2.3 STREET ADDRESS **220 S. Ridgeway Avenue**  
2.4 CITY-ST-ZIP **Daytona Beach, FL 32115**

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

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

TITLE **DV** ☐ DELETE  
NAME **EARS, JULIET E**  
STREET ADDRESS **CORPORATE BENEFITS, INC 20 N ORANGE AVE**  
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE **DP** ☒ Change ☐ Addition  
4.2 NAME **Sears, Juliet E.**  
4.3 STREET ADDRESS **Corporate Benefits, Inc., 20 N. Orange Ave.**  
4.4 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **DST** ☐ DELETE  
NAME **LEPORATI, MICHELLE A**  
STREET ADDRESS **SUN BANK, 200 S ORANGE AVE**  
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **D**  
5.3 STREET ADDRESS **D**  
5.4 CITY-ST-ZIP **D**

TITLE **D** ☐ DELETE  
NAME **SULLIVAN, TARRA G**  
STREET ADDRESS **BARNETT BANK, 390 N ORANGE AVE**  
CITY-ST-ZIP **ORLANDO FL**

6.1 TITLE **DVP** ☒ Change ☐ Addition  
6.2 NAME **Sullivan, Tarra B.**  
6.3 STREET ADDRESS **200 S. Orange Avenue**  
6.4 CITY-ST-ZIP **Orlando, FL 32801**

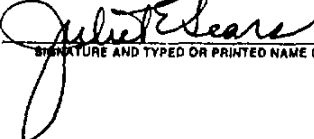
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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: *Juliet E. Sears* April 16, 1998 407/648-4600

CR2E037 (1097)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Urbanick, John
1.3 STREET ADDRESS	3191 Maguire Blvd, Suite 100
1.4 CITY-ST-ZIP	Orlando, FL 32814
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:  Juliet E. Sears April 16, 1998 407/648-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 