

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90020 030 ****61.25

DOCUMENT # N95000002702

1. Corporation Name

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

Principal Place of Business

616 EAST ROLLINS ST
STE 101
ORLANDO FL 32803
US

Mailing Address

616 EAST ROLLINS ST
STE 101
ORLANDO FL 32803
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/30/1995

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-3377368

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

29

30

9. Name and Address of Current Registered Agent

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 DST
NAME SHMIDT, NED W
STREET ADDRESS 2750 PRINCETON PLACE
CITY-ST-ZIP DELAND FL 32720

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

DP
Lansing, Stephen J.
605 S. Delaney Ave.
Orlando, FL 32801

☐ Change ☒ Addition

TITLE D
NAME PANKRATZ, RICHARD M
STREET ADDRESS 220 S RIDGEWAY AVENUE
CITY-ST-ZIP DAYTONA BEACH FL 32115

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

DVP
Urbanek, Jon
3191 Maguire Blvd., Ste. 100
Orlando, FL 32814-0675

☐ Change ☒ Addition

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

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

D
Jones, Donald G.
616 E. Rollins St., Ste. 101
Orlando, FL 32803

☐ Change ☒ Addition

TITLE DP
NAME SEARS, JULIET E
STREET ADDRESS CORPORATE BENEFITS, INC 20 N ORANGE AVE
CITY-ST-ZIP ORLANDO FL 32801

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

D
Sears, Juliet E.
Corporate Benefits, Inc.-20 N. Orange Ave.
Orlando, FL 32801

☒ Change ☐ Addition

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

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

DST
Newberry, Judith E.
901 6th Street
Daytona Beach, FL 32117

☐ Change ☒ Addition

TITLE DVP
NAME SULLIVAN, TERRA G
STREET ADDRESS 200 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801

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

D
Sullivan, Terra G.
200 S. Orange Ave.
Orlando, FL 32801

☒ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

407/425-6688

Daytime Phone #

CR2E037 (1/98)