

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

DOCUMENT# N95000002702

**Entity Name:** THE ORLANDO CHAPTER OF THE INTERNATIONAL SOCIETY OF CERTIFIED EMPLOYEE BENEFIT SPECIALISTS, INC.

**Current Principal Place of Business:**

300 COLONIAL CENTER PARKWAY  
SUITE 130  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

800 NORTH MAGNOLIA AVENUE SUITE 106  
C/O KELLY UNDERWOOD  
ORLANDO, FL 32803 US

**Current Mailing Address:**

POST OFFICE BOX 182014  
CASSELBERRY, FL 32718 US

**New Mailing Address:**

POST OFFICE BOX 182014  
CASSELBERRY, FL 32718

FEI Number: 59-3377368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

UNDERWOOD, KELLY L CEBS  
300 COLONIAL CENTER PARKWAY  
SUITE 130  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

UNDERWOOD, KELLY L CEBS  
800 NORTH MAGNOLIA AVENUE  
SUITE 106  
ORLANDO, FL 32803 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KELLY UNDERWOOD

02/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: UNDERWOOD, KELLY CEBS  
Address: 800 NORTH MAGNOLIA AVENUE SUITE 106  
City-St-Zip: ORLANDO, FL 32803

Title: V  
Name: GOLDMAN, JC CEBS  
Address: 1675 BUENA VISTA DR STE 310  
City-St-Zip: ORLANDO, FL 32839

Title: D  
Name: ROBERTS, KAREN CEBS  
Address: 2290 LUCIEN WAY, SUITE 150  
City-St-Zip: MAITLAND, FL 32751

Title: T  
Name: BAILEY, CARRIE A CEBS  
Address: 2250 LUCIEN WAY, SUITE 120  
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARRIE BAILEY

T

02/21/2011

Electronic Signature of Signing Officer or Director

Date