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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004548 (2)

1. Corporation Name

NATIONAL HEALTH BENEFIT ASSOCIATION, INC.



Principal Place of Business

**5144 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

Mailing Address

**5144 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

3. Date Incorporated or Qualified

09/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, DAVID A ESQ.
5144 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

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 ☐ DELETE

1.1 TITLE

PD

☐ Change ☐ Addition

NAME

1.2 NAME

Larry A. Franklin

STREET ADDRESS

1.3 STREET ADDRESS

8360 144th Lane N.

CITY - ST - ZIP

1.4 CITY - ST - ZIP

Seminole, FL 34646

TITLE ☐ DELETE

2.1 TITLE

VASD

☐ Change ☐ Addition

NAME

2.2 NAME

David A. Thompson

STREET ADDRESS

2.3 STREET ADDRESS

4018 Bayshore Blvd. NE

CITY - ST - ZIP

2.4 CITY - ST - ZIP

St. Petersburg, FL 33703

TITLE ☐ DELETE

3.1 TITLE

STD

☐ Change ☐ Addition

NAME

3.2 NAME

Nancy Haug

STREET ADDRESS

3.3 STREET ADDRESS

826 Glades Ct. NE

CITY - ST - ZIP

3.4 CITY - ST - ZIP

St. Petersburg, FL 33702

TITLE ☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Nancy Haug
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Haug

4/15/96
Date

813-321-3662
Daytime Phone #

CR2E037 (12/95)