

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90133 037 ****61.25

DOCUMENT # F99000004079
 Entity Name
FAMILY BENEFITS ASSCIATION, INC.

Principal Place of Business Mailing Address
70 W. MARKET ST., SUITE 205 **2770 W. MARKET ST., SUITE 205**
AKRON OH 44333 **AKRON OH 44333**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **34-1838949** Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GUGLIOTTA, BEN
704 ELDORADO AVENUE
CLEARWATER BEACH FL 33767

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

<input checked="" type="checkbox"/> Delete	P MOSTELLER, JAMES A JR. 2770 W. MARKET ST., SUITE 205 AKRON OH 44333
<input type="checkbox"/> Delete	V ANDRUS, JON 2770 W. MARKET ST., SUITE 205 AKRON OH 44333
<input type="checkbox"/> Delete	ST ROUSH, AMANDA C 2770 W. MARKET ST., SUITE 205 AKRON OH 44333
<input type="checkbox"/> Delete	D WADE, JAMES C 2770 W. MARKET ST., SUITE 205 AKRON OH 44333
<input checked="" type="checkbox"/> Delete	D TURNER, IAN E 2770 W. MARKET ST., SUITE 205 AKRON OH 44333
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02 **330 8134339**
 Date Daytime Phone #

CR2E037 (9/01)