

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90092 035 ****61.25

DOCUMENT # F99000004079

1. Entity Name

FAMILY BENEFITS ASSCIATION, INC.



Principal Place of Business

2770 W. MARKET ST., SUITE 205
AKRON OH 44333

Mailing Address

2770 W. MARKET ST., SUITE 205
AKRON OH 44333

2. Principal Place of Business

601 Pennsylvania Ave, NW

Suite, Apt. #, etc
Suite 900, South Building

City & State
Washington DC

Zip
20004-2612

Country

3. Mailing Address

601 Pennsylvania Ave NW

Suite, Apt. #, etc
Suite 900, South Building

City & State
Washington DC

Zip
20004-2612

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **34-1838949**

Applied For

Not Applicable

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

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ANDRUS, JON	
STREET ADDRESS	2770 W. MARKET ST., SUITE 205	
CITY-ST-ZIP	AKRON OH 44333	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ROUSH, AMANDA C	
STREET ADDRESS	2770 W. MARKET ST., SUITE 205	
CITY-ST-ZIP	AKRON OH 44333	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WADE, JAMES C	
STREET ADDRESS	2770 W. MARKET ST., SUITE 205	
CITY-ST-ZIP	AKRON OH 44333	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES E. ZELLNER	
STREET ADDRESS	236 SQUAM ROAD	
CITY-ST-ZIP	REYNOLDSBURG OH	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHA H. WENDAHL	
STREET ADDRESS	2500 E. LAS OLAS BLVD #1109	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301-1529	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN J. GUGLIOTTA	
STREET ADDRESS	704 ELDORADO AVENUE	
CITY-ST-ZIP	CLEARWATER BEACH FL 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

12. 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 REQUIRED**

2/3/03