

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N43000**

1. Entity Name  
**FLORIDA INITIATIVES, INC.**



Principal Place of Business  
**4504 ROCKBRIDGE HOLLOW  
 TALLAHASSEE, FL 32308**

Mailing Address  
**1400 VILLAGE SQUARE BLVD.  
 PMB 221  
 TALLAHASSEE, FL 32312**



05032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3079349** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NABORS, JOAN B  
 1400 VILLAGE SQUARE BLVD., #3-221  
 TALLAHASSEE, FL 32312**

**DO NOT WRITE  
 IN THIS SPACE**

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

*Joan B Nabors*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*5/18/05*  
DATE

**Filing Fee is \$61.25  
 Due by September 7, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
 NAME **NABORS, ROBERT L**  
 STREET ADDRESS **4504 ROCKBRIDGE HOLLOW**  
 CITY - ST - ZIP **TALLAHASSEE, FL 32308**

TITLE **PD**  
 NAME **LAMB, PATTERSON**  
 STREET ADDRESS **ROUTE 3 BOX 259**  
 CITY - ST - ZIP **TALLAHASSEE, FL 32312**

TITLE **STD**  
 NAME **HUBBARD, SUSAN**  
 STREET ADDRESS **1442 SCIORIDGE CT**  
 CITY - ST - ZIP **ANN ARBOR, MI 48103**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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 05/19/05-80006-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Robert L Nabors*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/18/05 (850)224-4070*  
Date Daytime Phone #