

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 17, 2007
Secretary of State**

DOCUMENT# N43000

Entity Name: FLORIDA INITIATIVES, INC.

Current Principal Place of Business:

4504 ROCKBRIDGE HOLLOW
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1400 VILLAGE SQUARE BLVD.
PMB 221
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3079349 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NABORS, ROBERT L
Address: 4504 ROCKBRIDGE HOLLOW
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD () Delete
Name: LAMB, PATTERSON
Address: ROUTE 3 BOX 259
City-St-Zip: TALLAHASSEE, FL 32312

Title: STD () Delete
Name: HUBBARD, SUSAN
Address: 7610 WARWICK DRIVE
City-St-Zip: YPSILANTI, MI 48197

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: HUBBARD, SUSAN
Address: 5309 VININGS LAKE VIEW, SW
City-St-Zip: MABLETON, GA 30126

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT NABORS

D

08/17/2007

Electronic Signature of Signing Officer or Director

_____ Date