

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 17, 2008  
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: 5309 VININGS LAKE VIEW, SW  
City-St-Zip: MABLETON, GA 30126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: SUSAN N HUBBARD

STD

08/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date