

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 1 PM 12:49

DOCUMENT # N93000005063 (3)

1. Corporation Name

FLORIDA BUSINESS EDUCATION ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/06/1993	3a. Date of Last Report 02/17/1994
4. FEI Number APPLIED FOR 59-3216974	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business 1208 SEMINOLE DRIVE INDIAN HARBOUR BEACH FL 32937		Mailing Address 1208 SEMINOLE DRIVE INDIAN HARBOUR BEACH FL 32937	
2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent HOOVER, BARRY 1208 SEMINOLE DRIVE INDIAN HARBOUR BEACH FL 32937		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LLOYD, PRISCILLA	1.2 NAME	
STREET ADDRESS	7202 JONQUIL DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32818	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HOOVER, BARRY	2.2 NAME	
STREET ADDRESS	1208 SEMINOLE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN HARBOUR BEACH FL 32937	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	ROTHE, RUTH	3.2 NAME	Carolyn Hayes
STREET ADDRESS	P.O. BOX 1727 N/A	3.3 STREET ADDRESS	1452 Cypress Trail
CITY - ST - ZIP	VALRICO FL 33594-1828	3.4 CITY - ST - ZIP	Melbourne, FL 32940
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	SLAUGH, LINDA	4.2 NAME	Linda Newton
STREET ADDRESS	P.O. BOX 16244 N/A	4.3 STREET ADDRESS	30 East Texas Drive
CITY - ST - ZIP	PANAMA CITY FL 32408	4.4 CITY - ST - ZIP	Pensacola, FL 32503
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	CARNEY, JAMES	5.2 NAME	Cynthia Allen
STREET ADDRESS	4748 BENEVA ROAD	5.3 STREET ADDRESS	7231 Hiwassee Oak Drive
CITY - ST - ZIP	SARASOTA FL 34233	5.4 CITY - ST - ZIP	Orlando, FL 32818
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, YVONNE	6.2 NAME	
STREET ADDRESS	501 N WOODROW WILSON	6.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL 33567	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. Barry Hoover (R. Barry Hoover) 1/26/95 (407) 723-0431
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR