

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra Morth Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000005063 (3) 1. Corporation Name FLORIDA BUSINESS EDUCATION ASSOCIATION, INC.			
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 7231 Hiawassee Oak Dr Suite, Apt. #, etc.		2a. Mailing Address 26 7231 Hiawassee Oak Dr Suite, Apt. #, etc.	
22 City & State 23 Orlando, FL 24 Zip 32818 25 Country USA		27 City & State 28 Orlando, FL 29 Zip 32818 30 Country USA	
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 Cynthia Allen 82 Street Address (P.O. Box Number is Not Acceptable) 7231 Hiawassee Oak Drive 83 84 City Orlando FL 85 Zip Code 32818	
11: Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <i>Cynthia B. Allen cba</i> 2/18/96 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME LLOYD, PRISCILLA STREET ADDRESS 7202 JONQUIL DRIVE CITY-ST-ZIP ORLANDO FL 32818 <input checked="" type="checkbox"/> DELETE		1.1 TITLE D 1.2 NAME Virginia Calkins 1.3 STREET ADDRESS 11781 NW 14 COURT 1.4 CITY-ST-ZIP Pembroke Pines, FL 33026 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HOOVER, BARRY STREET ADDRESS 1208 SEMINOLE DRIVE CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937 <input checked="" type="checkbox"/> DELETE		2.1 TITLE D 2.2 NAME Margaret Barnwell 2.3 STREET ADDRESS 1068 Glenham Drive 2.4 CITY-ST-ZIP Palm Bay, FL 32905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HAYES, CAROLYN STREET ADDRESS 1252 CYPRESS TRACE CITY-ST-ZIP MELBOURNE FL <input checked="" type="checkbox"/> DELETE		3.1 TITLE D 3.2 NAME Ruth Rothe 3.3 STREET ADDRESS 2220 Hickory Ridge Drive 3.4 CITY-ST-ZIP Vero Beach, FL 33594 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME NEWTON, LINDA STREET ADDRESS 30 EAST TEXAS DRIVE CITY-ST-ZIP PENSACOLA FL <input checked="" type="checkbox"/> DELETE		4.1 TITLE D 4.2 NAME Gloria Ramnanam 4.3 STREET ADDRESS 18550 S.W. 132nd Avenue 4.4 CITY-ST-ZIP Miami, FL 33177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ALLEN, CYNTHIA STREET ADDRESS 7231 HIWASSEE OAK DRIVE CITY-ST-ZIP ORLANDO FL <input checked="" type="checkbox"/> DELETE		5.1 TITLE Registered Agent 5.2 NAME Cynthia Allen 5.3 STREET ADDRESS 7231 Hiawassee Oak Drive 5.4 CITY-ST-ZIP Orlando, FL 32818 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WILSON, YVONNE STREET ADDRESS 501 N WOODROW WILSON CITY-ST-ZIP PLANT CITY FL 33567 <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP See Block 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 119.07(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: <i>R. Barry Thomas</i> 2/12/96 (407) 633-1111 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 723-2244			



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3. Date Incorporated or Qualified 12/06/1993  
3a. Date of Last Report 02/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

CR2E037 (12/95)