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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N93000005063 (3)

1. Corporation Name
FLORIDA BUSINESS EDUCATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7231 HIAWASSEE OAK DR. ORLANDO FL 32818	7231 HIAWASSEE OAK DR. ORLANDO FL 32818-6361

3. Date Incorporated or Qualified: 12/06/1993
3a. Date of Last Report: 04/11/1996

2. Principal Place of Business
21 3900 Country Line Road
22 Suite, Apt. #, etc. #27A
23 City & State Tequesta, FL
24 Zip 33469 25 Country USA

2a. Mailing Address
26 3900 Country Line Road
27 Suite, Apt. #, etc. #27A
28 City & State Tequesta, FL
29 Zip 33469 30 Country USA

4. FEI Number: 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

9. Name and Address of Current Registered Agent

ALLEN, CYNTHIA
7231 HIAWASSEE OAK DR.
1
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name J. Michael Woods
82 Street Address (P.O. Box Number is Not Acceptable) 3900 Country Line Road, #27A
83
84 City Tequesta FL 85 Zip Code 33469

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 J Michael Woods J Michael Woods, Treasurer 4/14/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALHOUN, VIRGINIA 11701 NW 14 COURT PEMBROKE PINES FL 33026	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNWELL, MARGARET 1065 GLENHAM DE. PALM BAY FL 32905	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROTHE, RUTH 2220 HICKORY RIDGE DR. VALRICO FL 33594	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Mallinson, Linda Orlando Tech. Orlando, FL	☐ Change ☑ Addition 38 West Amelia Street 32801
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMNANAM, GLORIA 16550 SW 132 ND AVE. MIAMI FL 32818	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, CYNTHIA 7231 HIAWASSEE OAK DRIVE ORLANDO FL 32818	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, YVONNE 501 N WOODROW WILSON PLANT CITY FL 33567	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 J Michael Woods J Michael Woods, Treasurer 4/14/97 561-743-8268