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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005063 (3)**

1. Corporation Name

**FLORIDA BUSINESS EDUCATION ASSOCIATION, INC.**



Principal Place of Business <b>3900 COUNTRY LINE RD #27A TEQUESTA FL 33469 US</b>	Mailing Address <b>3900 COUNTRY LINE RD #27A TEQUESTA FL 33469 US</b>
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3. Date Incorporated or Qualified <b>12/06/1993</b>	
4. FEI Number <b>59-3216974</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 3900 Country Line Rd Suite, Apt. #, etc. #27A City &amp; State TEQUESTA E Zip 33469</b>	2a. Mailing Address <b>26 3900 Country Line Rd Suite, Apt. #, etc. #27A City &amp; State TEQUESTA Zip FL Country 33469</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>James M Woods (Same Person - name is input incorrectly) WOODS, MICHAEL J 3900 COUNTRY-LANE RD. #27A TEQUESTA FL 33469</b>	
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10. Name and Address of New Registered Agent <b>81 Name James M Woods 82 Street Address (P.O. Box Number is Not Acceptable) 3900 Country Line Road #27A 83 84 City TEQUESTA FL 85 Zip Code 33469-2226</b>	
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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. Last familiar with, and accept the obligations of Section 617.0503, Florida Statutes. <b>SIGNATURE: Michael Woods, Treasurer James M Woods 12/3/97</b> (NOTE: Registered Agent signature required when reinstating)	
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12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>CALEHUSS, VIRGINIA</b>	
STREET ADDRESS <b>11701 NW 14 COURT</b>	
CITY-ST-ZIP <b>PEMBROKE PINES FL 33028</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BARNWELL, MARGARET</b>	
STREET ADDRESS <b>1065 GLENHAM DE.</b>	
CITY-ST-ZIP <b>PALM BAY FL 32905</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MALLINSON, LINDA</b>	
STREET ADDRESS <b>ORLANDO TECH, 301 WEST AMELIA STREET</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>RAMNANAM, GLORIA</b>	
STREET ADDRESS <b>18550 SW 132 ND AVE.</b>	
CITY-ST-ZIP <b>MIAMI FL 32818</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ALLEN, CYNTHIA</b>	
STREET ADDRESS <b>7231 HIAWASSEE OAK DRIVE</b>	
CITY-ST-ZIP <b>ORLANDO FL 32818</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>WILSON, YVONNE</b>	
STREET ADDRESS <b>501 N WOODROW WILSON</b>	
CITY-ST-ZIP <b>PLANT CITY FL 33567</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>President-Elect</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Calenus, Virginia</b>	
1.3 STREET ADDRESS <b>D (Director)</b>	
1.4 CITY-ST-ZIP	
2.1 TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Alice Andrews, Alice R</b>	
2.3 STREET ADDRESS <b>901 Oakleaf Court</b>	
2.4 CITY-ST-ZIP <b>Altamonte Springs, FL 32714</b>	
3.1 TITLE <b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>D (Director)</b>	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>James Michael Woods D (Director)</b>	
4.3 STREET ADDRESS <b>3900 Country Line Road #27A</b>	
4.4 CITY-ST-ZIP <b>TEQUESTA, FL 33469-2226</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <b>Past-President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>D (Director)</b>	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.
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CR2E037 (10/97)