


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731095** (6)

1. Corporation Name

FLORIDA ASSOCIATION OF BETTER BUSINESS ORGANIZATIONS, INC.

Principal Place of Business

Mailing Address

**402 LAUREL PARK PLACE
P.O. BOX 571
SEFFNER FL 33584**

**402 LAUREL PARK PLACE
P.O. BOX 571
SEFFNER FL 33584-4166**



3. Date Incorporated or Qualified **11/13/1974** 3a. Date of Last Report **06/25/1996**

2. Principal Place of Business

2a. Mailing Address

21 Chamber of Commerce

26 1005 E. STRAWBRIDGE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1005 E. STRAWBRIDGE

27 Melbourne

City & State

City & State

23 Melbourne, FL

28 FL

Zip

Country

Zip

Country

24 32901

25

29 32901

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDUFFIE, CLIFF W
402 LAUREL PARK PLACE
5853 DEL PRADO #243
TAMPA FL 33617**

81 Name KIT FOUNTAIN
82 Street Address (P.O. Box Number is Not Acceptable) 335-70 PARADISE Blvd
83
84 City Indianantic FL 85 Zip Code 32903

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 **KIT FOUNTAIN** **4/20/97**
Signature, typed or printed name of registered agent and title if applicable (If not a Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOCKSEMA, HARRIET			1.2 NAME	MAGMER, CAROL		
STREET ADDRESS	222 10TH ST W			1.3 STREET ADDRESS	34 MIRACLE STRIP PKWY S.E.		
CITY-ST-ZIP	BRADENTON FL			1.4 CITY-ST-ZIP	FORT WALTON Beach FL 32549		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICHARDS, JO ANNE			2.2 NAME			
STREET ADDRESS	2000 S. WASHINGTON AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDUFFIE, CLIFF			3.2 NAME	FOUNTAIN, KIT		
STREET ADDRESS	5853 DEL PRADO #243			3.3 STREET ADDRESS	335-70 PARADISE BLVD		
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP	INDIANATIC FL 32903		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

CR2E037 (9/96)