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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

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
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2. Principal Place of Business 21 Chamber of Commerce Suite, Apt. #, etc. 22 1005 E. STRAWBRIDGE City & State 23 Melbourne, FL Zip 24 32901	2a. Mailing Address 26 1005 E. STRAWBRIDGE Suite, Apt. #, etc. 27 Melbourne City & State 28 FL Zip 29 32901	Country	Country
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4. FEI Number 59-2412598	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
MCDUFFIE, CLIFF W  
402 LAUREL PARK PLACE  
5853 DEL PRADO #243  
TAMPA FL 33617

10. Name and Address of New Registered Agent  
81 Name  
KIT FOUNTAIN  
82 Street Address (P.O. Box Number is Not Acceptable)  
335-70 PARADISE Blvd  
83  
84 City  
INDIAN HAVIC 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  
Signature, typed or printed name of registered agent and title if applicable  
Signature of Registered Agent (Signature required when reinstalling)  
DATE 4/20/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOCKSEMA, HARRIET	
STREET ADDRESS	222 10TH ST W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RICHARDS, JO ANNE	
STREET ADDRESS	2000 S. WASHINGTON AVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCDUFFIE, CLIFF	
STREET ADDRESS	5853 DEL PRADO #243	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MAGNER, CAROL	
1.3 STREET ADDRESS	34 MIRACLE STRIP PKWY S.E.	
1.4 CITY-ST-ZIP	FORT WALTON BEACH FL 32549	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FOUNTAIN, KIT	
3.3 STREET ADDRESS	335-70 PARADISE BLVD	
3.4 CITY-ST-ZIP	INDIAN HAVIC FL 32903	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)