FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AND FILED

98 MAR 23 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 731095

1. Corporation Name

FLORIDA ASSOCIATION OF BETTER BUSINESS ORGANIZATIONS, INC.

Principal Place of Business	Mailing Address
CHAMBER OF COMMERCE 1005 E STRAWBRIDGE MELBOURNE FL 32901 US	1005 E STRAWBRIDGE MELBOURNE FL 32901 US

[redacted]

2. Principal Place of Business 21 1005 E. Strawbridge Ave. Suite, Apt. #, etc. 22 930 Marcum Rd. Suite 4 City & State 23 Lakeland Fl. Zip 24 33809 Country 25 USA	2a. Mailing Address 26 P.O. Box 6460 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 11/13/1974 4. FEI Number 59-2412598 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FOUNTAIN, KIT 335 70 PARADISE BLVD INDIALANTIC FL 32903	81 Name: David Wooton 82 Street Address (P.O. Box Number is Not Acceptable): 930 Marcum Rd, Ste #4 83 84 City: Lakeland Fl. FL 85 Zip Code: 33809

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 617.0502, Florida Statutes.

SIGNATURE: David Wooton David Wooton 2-26-99
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	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	HOCKSEMA, HARRIET		1.2 NAME	David Wooton	
STREET ADDRESS	222 10TH ST W		1.3 STREET ADDRESS	930 Marcum Rd. Ste #4	
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP	Lakeland Fl. 33809	
TITLE	VD	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	RICHARDS, JO ANNE		2.2 NAME	S2G/Treas. Carl Malmon	
STREET ADDRESS	2000 S. WASHINGTON AVE		2.3 STREET ADDRESS	PO Box 640	
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP	Fort Walton Beach Fl. 32549	
TITLE	TD	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	FOUNTAIN, IDT		3.2 NAME	Dottie Tuton	
STREET ADDRESS	335-70 PARADISE BLVD		3.3 STREET ADDRESS	6460 W. Gulf to Lake Hwy	
CITY-ST-ZIP	INDIALANTIC FL		3.4 CITY-ST-ZIP	Crystal River Fl. 34429	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	03-05-99 [illegible]	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: David Wooton SIGNATURE REQUIRED 2-26-99 (941) 853-9149
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #