2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747738

FILED Apr 26, 2009 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF BUSINESS TAX OFFICIALS, INC. (FABTO)

Current Principal Place of Business: New Principal Place of Business:

155 W WARREN AVENUE LONGWOOD, FL 32750 US

Current Mailing Address: New Mailing Address:

155 W WARREN AVENUE LONGWOOD, FL 32750 US

FEI Number: 59-1922100 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REIMERS, DEBRA 155 W WARREN AVENUE LONGWOOD, FL 32750 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P (X) Change () Addition

 Name:
 BARNES, ANN C
 Name:
 ACKLES, WILLIAM R

 Address:
 524 NE 21ST COURT
 Address:
 101 OLD MAIN ST

City-St-Zip: WILTON MANORS, FL 33305 US City-St-Zip: BRADENTON, FL 34205 US

Title: P () Delete Title: VP (X) Change () Addition Name: FICK, DEBBIE L Name: HOLGUIN, JOHN A II Address: 7580 S FEDERAL HWY Address: 506 HWY 85 NORTH

City-St-Zip: HYPOLUXO, FL 33462 US City-St-Zip: NICEVILLE, FL 32578 US

Title: VP () Delete Title: TD (X) Change () Addition Name: LENNERTZ, SHERRY Name: MORAKIS, DEBORAH A

Address: 301 N OLIVE AVENUE Address: 360 S COUNTY RD

City-St-Zip: WEST PALM BEACH, FL 33401 US City-St-Zip: PALM BEACH, FL 33480 US

Title: SD () Delete Title: () Change () Addition
Name: REIMERS, DEBRA Name:
Address: 155 W WARREN AVENUE
Address:

Address: 155 W WARREN AVENUE Address: City-St-Zip: LONGWOOD, FL 32750 US City-St-Zip:

 Name:
 MORAKIS, DEBORAH A
 Name:
 FICK, DEBBIE L

 Address:
 360 S COUNTY ROAD
 Address:
 7580 S FEDERAL HWY

 City-St-Zip:
 PALM BEACH, FL 33480 US
 City-St-Zip:
 HYPOLUXO, FL 33462 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH A MORAKIS TD 04/26/2009