

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747738

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

3485 SE WILLOUGHBY BLVD  
STUART, FL 34994 US

**New Principal Place of Business:**

535 PARK AVE  
LAKE PARK, FL 33403 US

**Current Mailing Address:**

3485 SE WILLOUGHBY BLVD  
STUART, FL 34994 US

**New Mailing Address:**

535 PARK AVE  
LAKE PARK, FL 33403 US

**FEI Number:** 59-1922100

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAPA, MARIANNA  
3485 SE WILLOUGHBY BLVD  
STUART, FL 34994 US

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

DAVIS, DENA D  
535 PARK AVE  
LAKE PARK, FL 33403 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: DENA D. DAVIS

04/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HOLGUIN, JOHN II  
Address: 73 EGLIN PARKWAY NE, #201  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: VP  
Name: ALLEN, JOSUA  
Address: 506 HWY 85 NORTH  
City-St-Zip: NICEVILLE, FL 32578 US

Title: TD  
Name: DAVIS, DENA D  
Address: 535 PARK AVENUE  
City-St-Zip: LAKE PARK, FL 33403 US

Title: SD  
Name: MCMACKEN, CHERYL  
Address: 5800 MELALEUCA LN  
City-St-Zip: GREENACRES, FL 33463 US

I hereby 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 all other like empowered.

SIGNATURE: DENA D. DAVIS

TD

04/23/2012

Electronic Signature of Signing Officer or Director

Date