

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90017 035 \*\*\*\*61.25

**DOCUMENT # 751557**

1. Entity Name

NBL - ORLANDO, FLA. PARENTS COUNCIL ASSN.,  
INC.



Principal Place of Business

4801 WEST COLONIAL DRIVE  
ORLANDO FL 32808  
US

Mailing Address

P.O. BOX 585507  
ORLANDO FL 32858  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2890443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PAYNE, JOHN  
834 PIEDMONT WEKIVA ROAD  
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name

JOHN R PAYNE

Street Address (P.O. Box Number is Not Acceptable)

5380 VANCE AVE

ORLANDO, FL

City

FL

Zip Code

32810

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-08

**FILE NOW - FEE IS \$61.25**

**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME PAYNE, JOHN  
STREET ADDRESS 834 PIEDMONT WEKIVA ROAD  
CITY-ST-ZIP APOPKA FL 32703

TITLE ☒ Delete  
NAME BAIE, STEVE  
STREET ADDRESS 3201 HOLLIDAY AVE  
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME PAYNE, John R  
STREET ADDRESS 5380 VANCE AVE (Director)  
CITY-ST-ZIP Orlando, FL 32810

TITLE ☐ Change ☒ Addition  
NAME PRESIDENT  
STREET ADDRESS BRYAN ISAACSON  
CITY-ST-ZIP 5301 BROWNELL ST.  
ORLANDO FL 32810

TITLE ☐ Change ☒ Addition  
NAME CLERK OF COURSE  
STREET ADDRESS Joe Evans  
CITY-ST-ZIP 5408 Bluegrass St  
Orlando, FL 32810

TITLE ☐ Change ☒ Addition  
NAME Treasurer  
STREET ADDRESS Dawn Payne  
CITY-ST-ZIP 5380 VANCE AVE  
Orlando FL 32810

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

John R Payne

2-12-08