

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004606 (0)

1. Corporation Name

NATIONAL BUSINESS OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4200 18TH STREET NW
SUITE 500
WASHINGTON DC 20036

4200 18TH STREET NW
SUITE 500
WASHINGTON DC 20036

3. Date Incorporated or Qualified
10/05/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1033 N. Fairfax Street

26 P O Box 2368

4. FEI Number
52-1556575

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 402

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Alexandria, VA

28 Lake Wales, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 22314

25

29 33859-2368

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORP. SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

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

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 ☐ DELETE

NAME C RUMFELT, THOMAS B

STREET ADDRESS 244 E. PARK AVE

CITY-ST-ZIP LAKE WALES FL

TITLE ☐ DELETE

NAME D SCHUELLER, GREGORY M

STREET ADDRESS 2455 EAST 51ST STREET

CITY-ST-ZIP TULSA OK

TITLE ☐ DELETE

NAME D THOMAS, L. RAY

STREET ADDRESS 1629 S. LAFAYETTE ST

CITY-ST-ZIP SHELBY NC

TITLE ☐ DELETE

NAME D HIATT, J. DREW

STREET ADDRESS 4707 COLONEL EWELL CT

CITY-ST-ZIP UPPER MARLBORO MD

TITLE ☐ DELETE

NAME D BUTLER, RONALD D

STREET ADDRESS 901 CHERRY STREET

CITY-ST-ZIP RANGER TX

TITLE ☐ DELETE

NAME D HART, THEODORE M

STREET ADDRESS 9 SOUTH HICKORY

CITY-ST-ZIP BEL AIR MD

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

1300 South Main
Tulsa, OK 74101

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Thomas B. Rumfelt, Chairman 03/01/96

(800)989-7515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)