

FILE NOW: FILING FEE IS \$61.25

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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000004606 (0)**
1. Corporation Name

NATIONAL BUSINESS OWNERS ASSOCIATION, INC.



Principal Place of Business 1033 NORTH FAIRFAX STREET SUITE 402 ALEXANDRIA VA 22314 US		Mailing Address P.O. BOX 2368 LAKE WALES FL 33859-2368 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 10/05/1993		3a. Date of Last Report 03/11/1996	
4. FEI Number 52-1556575		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORP. SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name CorpAmerica, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 1525 South Andrews Ave., Ste. 216 83 84 City Fort Lauderdale FL 85 Zip Code 33316	
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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 *Barbara O. Tubert* **Asst. Sec., of CorpAmerica, Inc.** **1/21/97**
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	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUMFELT, THOMAS B	1.2 NAME	
STREET ADDRESS	244 E. PARK AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUELLER, GREGORY M	2.2 NAME	
STREET ADDRESS	1300 SOUTH MAIN	2.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, L. RAY	3.2 NAME	
STREET ADDRESS	1629 S. LAFAYETTE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHELBY NC	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIATT, J. DREW	4.2 NAME	
STREET ADDRESS	4707 COLONEL EWELL CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	UPPER MARLBORO MD	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, RONALD D	5.2 NAME	
STREET ADDRESS	901 CHERRY STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	RANGER TX	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, THEODORE M	6.2 NAME	
STREET ADDRESS	9 SOUTH HICKORY	6.3 STREET ADDRESS	
CITY-ST-ZIP	BEL AIR MD	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Thomas B. Rumfelt* **Thomas B. Rumfelt, Chairman 1/17/97 (800) 989-7515**

CR2E037 (9/96)