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FILED  
Apr 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

Mailing Address

**1033 NORTH FAIRFAX STREET  
SUITE 402  
ALEXANDRIA VA 22314  
US**

**P.O. BOX 2368  
LAKE WALES FL 33859-2368  
US**

3. Date Incorporated or Qualified

**10/05/1993**

4. FEI Number

**52-1556575**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPAMERICA INC  
1585 SOUTH ANDREWS AVE STE 216  
FT LAUDERDALE FL 33316**

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 **C** ☐ DELETE  
NAME **RUMFELT, THOMAS B**  
STREET ADDRESS **244 E. PARK AVE**  
CITY-ST-ZIP **LAKE WALES FL**

1.1 TITLE **Secretary** ☐ Change ☒ Addition  
1.2 NAME **Gary L. Cox**  
1.3 STREET ADDRESS **1033 N. Fairfax St.**  
1.4 CITY-ST-ZIP **Alexandria, VA 22309** ☐ Change ☐ Addition

TITLE **D** ☒ DELETE  
NAME **SCHUELLER, GREGORY M**  
STREET ADDRESS **1300 SOUTH MAIN**  
CITY-ST-ZIP **TULSA OK**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **THOMAS, L. RAY**  
STREET ADDRESS **1629 S. LAFAYETTE ST**  
CITY-ST-ZIP **SHELBY NC**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D Vice President** ☒ DELETE  
NAME **HATT, J. DREW**  
STREET ADDRESS **4707 COLONEL EWELL CT**  
CITY-ST-ZIP **UPPER MARLBORO MD**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D Treasurer** ☐ DELETE  
NAME **BUTLER, RONALD D**  
STREET ADDRESS **901 CHERRY STREET**  
CITY-ST-ZIP **RANGER TX**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **HART, THEODORE M**  
STREET ADDRESS **9 SOUTH HICKORY**  
CITY-ST-ZIP **BEL AIR MD**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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. Rumpfelt

(941) 676-2852

CR2E037 (10/97)