

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90006 038 ****61.25

DOCUMENT #

F98000001762

1. Corporation Name

NATION BUILDERS NETWORK INC.

Principal Place of Business

Mailing Address

4420 EDGEWATER DR.
ORLANDO, FL 32804-1216

P.O. BOX 574244
ORLANDO, FL 32807



* 6 8 4 8 9 3 - 90006 - 38 3 *

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

3/27/98

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

73-1144612

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERSON, CARLISLE J.
5409 ENDICOTT PL.
OVIEDO, FL

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8, 8, 99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C/D ☐ DELETE
NAME PETERSON, CARLISLE J.
STREET ADDRESS 5409 ENDICOTT PL, OVIEDO FL
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V/D ☐ DELETE
NAME PETERSON, LOUELLA
STREET ADDRESS 5409 ENDICOTT PL, OVIEDO FL
CITY-ST-ZIP

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

TITLE D ☐ DELETE
NAME BOUDEAIRE, MICHAEL
STREET ADDRESS 4504 WILLA CREEK DR, STE 211
CITY-ST-ZIP WINTER SPRINGS, FL

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

TITLE D ☐ DELETE
NAME BEST, ARLIN L
STREET ADDRESS 1003 DUSTIN DR
CITY-ST-ZIP EDMUND, OK

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8, 8, 99

Date

Daytime Phone #

CR2E037 (11/98)