

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000712

FILED  
Jan 16, 2008  
Secretary of State

**Entity Name:** CERTIFICATION BOARD OF FLORIDA, INC.

**Current Principal Place of Business:**

1715 S. GADSDEN ST.  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

1715 S. GADSDEN ST.  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 59-2622949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCGARRY, NEAL A  
1715 S. GADSDEN ST.  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCGARRY, NEAL A  
Address: 1715 S. GADSDEN STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: PD ( ) Delete  
Name: BOZZONE, ROBERT  
Address: 5400 EAST AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TD ( ) Delete  
Name: LEWIS, KEVIN  
Address: 2101 MCGREGOR BLVD.  
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: DOUGHTY, KAY  
Address: 6655 66TH STREET NORTH  
City-St-Zip: PINELLAS PARK, FL 33781

Title: TD (X) Change ( ) Addition  
Name: OLK, TOM  
Address: 3333 W PENSACOLA STREET  
City-St-Zip: TALLAHASSEE, FL 32304

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEAL A MCGARRY

PD

01/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date