


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90211 027 ****70.00

DOCUMENT # N00000004490	
1. Entity Name FLORIDA BUSINESS PROFESSIONALS OF AMERICA, INC.	

Principal Place of Business 130 ANCHOR DRIVE PONCE INLET, FL 32127 US	Mailing Address P O BOX 15012 PLANTATION, FL 33318-5012 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01222006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-1020378	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PERRI, ANTHONY J 9726 W SAMPLE RD CORAL SPRINGS, FL 33065		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AYCOCK, PEGGY H			NAME			
STREET ADDRESS	130 ANCHOR DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PONCE INLET, FL 32127			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COPELAND, SHERYL			NAME			
STREET ADDRESS	28603 FAIRWEATHER DR.			STREET ADDRESS			
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORMAN, PATRICIA			NAME			
STREET ADDRESS	3050 NW 41 STREET			STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, BEVERLY			NAME			
STREET ADDRESS	847 NW 79 TERR			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33324			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, BRENDA			NAME	BELINDA GRIEVE		
STREET ADDRESS	7301 PARKER SCHOOL ROAD			STREET ADDRESS	2376 SWEETWATER BOULEVARD		
CITY-ST-ZIP	JACKSONVILLE, FL 32211			CITY-ST-ZIP	SAINT CLOUD, FL 34712		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARITA, MARTHA			NAME			
STREET ADDRESS	865 SOUTH COUNTY ROAD 427			STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD, FL 32750			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beverly Williams BEVERLY WILLIAMS 2/21/06 754-321-5233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #