

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

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**



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1020378

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PERRI, ANTHONY J
9726 W SAMPLE RD
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

Treasury
(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000782146
01/15/08-80063-007 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AYCOCK, PEGGY H
STREET ADDRESS	130 ANCHOR DRIVE
CITY-ST-ZIP	PONCE INLET, FL 32127
TITLE	D
NAME	LAMAR, PATRICIA
STREET ADDRESS	2166 N.W. 30 TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	VD
NAME	FORMAN, PATRICIA
STREET ADDRESS	3050 NW 41 STREET
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309
TITLE	TD
NAME	KING, BRIAN
STREET ADDRESS	199 N.W. 10 AVE
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	PD
NAME	GRIEVE, BELINDA
STREET ADDRESS	2376 SWEETWATER BLVD
CITY-ST-ZIP	SAINT CLOUD, FL 34772
TITLE	SD
NAME	CARITA, MARTHA
STREET ADDRESS	865 SOUTH COUNTY ROAD 427
CITY-ST-ZIP	LONGWOOD, FL 32750

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/08

Daytime Phone #

754-321-2640