

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004490

FILED
Jul 07, 2012
Secretary of State

Entity Name: FLORIDA BUSINESS PROFESSIONALS OF AMERICA, INC.

Current Principal Place of Business:

632 BONIVIEW LANE
ALTIMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 15012
PLANTATION, FL 33318 US

New Mailing Address:

731 DUVAL STATION ROAD
STE. 107-269
JACKSONVILLE, FL 32218 US

FEI Number: 65-1020378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRI, ANTHONY J
9726 W SAMPLE RD
CORAL SPRINGS, FL 33065 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: D
Name: LEVENHAGEN, LYNORE
Address: 632 BONIVIEW LANE
City-St-Zip: ALTIMONTE SPRINGS, FL 32714

Title: D
Name: WILLISTON, KENT
Address: PO BOX 92735
City-St-Zip: LAKELAND, FL 33814

Title: VD
Name: FORMAN, PATRICIA
Address: 3050 NW 41 STREET
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: TD
Name: RUSSELL, SONYA
Address: 14556 ZACHARY DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: PD
Name: ELIZABETH, DIGIOVANNI
Address: 640 COLISEUM ST. APT. 33203
City-St-Zip: ORLANDO, FL 32828

Title: SD
Name: BRENDA, JONES
Address: 4806 FOXBORO ROAD
City-St-Zip: JACKSONVILLE, FL 32208

I hereby 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 all other like empowered.

SIGNATURE: SONYA RUSSELL

TD

07/07/2012

Electronic Signature of Signing Officer or Director

_____ Date