

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000202

FILED
May 14, 2008
Secretary of State

Entity Name: BUSINESS EDUCATION SUPPORT BOARD, INCORPORATED

Current Principal Place of Business:

2000 S WASHINGTON AVE STE SB
SUITE 1
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

2000 S WASHINGTON AVE STE SB
SUITE 1
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 59-3699618 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GAEDCKE, MARCIA
2000 S. WASHINGTON AVE.
TITUSVILLE, FL 32780 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: DST () Delete
Name: STEWART, DAVID
Address: 4525 ABBOTT AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: KOLLER, AL JR
Address: PO BOX 423
City-St-Zip: TITUSVILLE, FL 327810423

Title: D () Delete
Name: BOBAY, RONALD
Address: 850 KNOX MCRAE DR
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: CHAMBERLIN, SANDY
Address: 4905 CARODOC CIRCLE
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: GRAVES, BETSY
Address: 514 N. DIXIE AVE.
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: CHAMBERLAIN, SANDY
Address: 4905 CARODOC CIRCLE
City-St-Zip: TITUSVILLE, FL 32796

Title: D (X) Change () Addition
Name: BLAIR, DEBORAH
Address: 1030 S US 1
City-St-Zip: ROCKLEDGE, FL 32955

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: SANDY CHAMBERLAIN

D

05/14/2008

Electronic Signature of Signing Officer or Director

Date