

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007554

FILED
Apr 29, 2005
Secretary of State

Entity Name: PEOPLE FOR A BETTER FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 16158
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16158
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3652179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAPLETON, TIMOTHY J
1003 GARDENIA DRIVE
TALLAHASSEE, FL 32312 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 () Delete
Name: BUZNEGO, CARLOS
Address: 8940 N. KENDALL DRIVE, SUITE 400-E
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: ALTENBURGER, KARL M
Address: 1800 S.E. 17TH STREET, #300
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: BUTLER, BILL
Address: 5206 BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 33614

Title: DT () Delete
Name: STAPLETON, TIMOTHY
Address: 1003 GARDENIA DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TIMOTHY J. STAPLETON

DT

04/29/2005

Electronic Signature of Signing Officer or Director

Date