

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008687

FILED
Apr 11, 2008
Secretary of State

Entity Name: ALLIED BUSINESS OF FLORIDA POLITICAL ACTION COMMITTEE, INC.

Current Principal Place of Business:

325 W. COLLEGE AVE.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

325 W. COLLEGE AVE.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3760339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, KATHRYN B
325 W. COLLEGE AVE.
TALLAHASSEE, FL 32301 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: P () Delete
Name: BLOUNT, MICHAEL H
Address: 50 N. LAURA ST SUITE 1500
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: DE ARMAS, MARIO
Address: 1441 BRICKELL AVE, SUITE 1100
City-St-Zip: MIAMI, FL 33131

Title: S/T () Delete
Name: ANDERSON, KATHRYN B
Address: 325 W COLLEGE AVE
City-St-Zip: TALLAHASSEE, FL 32314

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:

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: KATHRYN B ANDERSON

MS

04/11/2008

Electronic Signature of Signing Officer or Director

Date