2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000004643

1. Entity Name
THE FLORIDA CHAPTER OF BENCH AND BAR SPOUSES, INC.

Principal Place of Business	Mailing Address
7901 SADDLEBROOK DR PORT ST LUCIE, FL 34986	7901 SADDLEBROOK DR PORT ST LUCIE, FL 34986

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02132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
13-4241337
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, JOVITA
7901 SADDLEBROOK DR
PORT ST LUCIE, FL 34986

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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: Jovita Williams Jovita Williams 2/13/06
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000475316
04/05/06-80010-019 61.25

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	WILLIAMS, JOVITA
STREET ADDRESS	7901 SADDLEBROOK DR
CITY-ST-ZIP	PORT ST LUCIE, FL 34986
TITLE	PD
NAME	FINNEY, SONYA
STREET ADDRESS	10960 PINE CREEK
CITY-ST-ZIP	ST LUCIE W, FL 34986
TITLE	SD
NAME	GARY, GLORIA
STREET ADDRESS	38 RIO VISTA DR
CITY-ST-ZIP	STUART, FL 34996
TITLE	TD
NAME	WATSON, PAULA
STREET ADDRESS	7958 STEEPLECHASE CT
CITY-ST-ZIP	ST LUCIE W, FL 34986
TITLE	PD
NAME	SWIFT, ANNA
STREET ADDRESS	1061 SW MOCKINGBIRD DR
CITY-ST-ZIP	ST LUCIE W, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jovita Williams 2/13/06 772 461-6987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #