2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N02000004645

Entity Name: FLORIDA FUTURE BUSINESS LEADERS OF AMERICA/PHI BETA LAMBDA FOUNDATION, INC.

Current Principal Place of Business:

1219 BRANDA VISTA DR
BRANDON, FL 33510

New Principal Place of Business:

Current Mailing Address:

1219 BRANDA VISTA DR
BRANDON, FL 33510

New Mailing Address:

FEI Number: 04-3691181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERCE, RONALD
1219 BRANDA VISTA DR
BRANDON, FL 33510 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: DP ( ) Delete
Name: PIERCE, RONALD W
Address: 1219 BRANDA VISTA DRIVE
City-St-Zip: BRANDON, FL 33510

Title: DS ( ) Delete
Name: MCRAE, SYLVIA MCCOY
Address: 4801 N.22ND STREET
City-St-Zip: TAMPA, FL 33610

Title: DT ( ) Delete
Name: HUBBARD, BRENDA
Address: P.O. BOX 5437
City-St-Zip: TALLAHASSEE, FL 32301

Title: DV ( ) Delete
Name: DURSO, JOE
Address: 301 TULLIS AVENUE
City-St-Zip: LONGWOOD, FL 32750

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 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: RONALD PIERCE DP 01/12/2009

Electronic Signature of Signing Officer or Director — Date