

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008206

**FILED
Jul 16, 2004
Secretary of State**

Entity Name: FLORIDA BUSINESS TRAVEL ASSOCIATION, INC.

Current Principal Place of Business:

7154 N UNIVERSITY DR #299
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

7154 N UNIVERSITY DR #299
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 09-5624977 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MORRIS, LYNN
7154 N UNIVERSITY DR #299
TAMARAC, FL 33321

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: DT () Delete
Name: MORRIS, LYNN
Address: 7154 N UNIVERSITY DR #299
City-St-Zip: TAMARAC, FL 33321

Title: DV () Delete
Name: TZIKAS, LILI
Address: 7154 N UNIVERSITY DR #299
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: HERDE, LAURA
Address: 7154 N UNIVERSITY DR #299
City-St-Zip: TAMARAC, FL 33321

Title: P () Delete
Name: MINOSO, DIANN
Address: 7154 N UNIVERSITY DR #299
City-St-Zip: TAMARAC, FL 33321

Title: S () Delete
Name: STEVENS, SUZANNE
Address: 7154 N UNIVERSITY DR #299
City-St-Zip: TAMARAC, FL 33321

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:

Title: S (X) Change () Addition
Name: LANZA, STEPHANIE
Address: 7154 N UNIVERSITY DR #299
City-St-Zip: TAMARAC, FL 33321

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: DIANN MINOSO

PRES

07/16/2004

Electronic Signature of Signing Officer or Director

Date