

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008206

FILED  
Apr 06, 2006  
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 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: 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: MANOR, GRISELLE  
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: ( ) 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 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: LYNN MORRIS

DT

04/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date