

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000003943**

1. Entity Name  
**FLORIDA STATE NBHA, INC.**



Principal Place of Business

**4920 COUNTY LINE ROAD  
BOWLING GREEN, FL 33834**

Mailing Address

**POST OFFICE BOX 577  
BOWLING GREEN, FL**

**DO NOT WRITE IN THIS SPACE**



02262005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**20-0651798**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, LINDA  
4920 COUNTY LINE ROAD  
BOWLING GREEN, FL 33834**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed 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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, LINDA P.O. BOX 577 BOWLING GREEN, FL 33834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCDONNELL, SHARON 8215 CAMERON LANE GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIXON, MELODY 5701 HOWARD CREEK ROAD SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HABERLANDT, BOB 8300 CENTER ST.E OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000253334  
03/07/05-80029-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Linda Jones* **Linda Jones**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-28-05* **863-375-4074**

Date

Daytime Phone #