

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90025 008 ****61.25

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**

40005943



01172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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**

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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, 2006**

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

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IN THIS SPACE**

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:

Linda Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-06 863-375-4074
Date Daytime Phone #