

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90173 003 \*\*\*\*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

40067364



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
20-0651798

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME JONES, LINDA  
STREET ADDRESS P.O. BOX 577  
CITY-ST-ZIP BOWLING GREEN, FL 33834

TITLE V ☐ Change ☒ Addition  
NAME SUE WATTS  
STREET ADDRESS 1419 GILLETTE RD.  
CITY-ST-ZIP ZALEO SPRINGS, FL 33890

TITLE VD ☒ Delete  
NAME MCDONNELL, SHARON  
STREET ADDRESS 8215 CAMERON LANE  
CITY-ST-ZIP GROVELAND, FL 34736

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME MIXON, MELODY  
STREET ADDRESS 5701 HOWARD CREEK ROAD  
CITY-ST-ZIP SARASOTA, FL 34241

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME HABERLANDT, BOB  
STREET ADDRESS 8300 CENTER ST.E  
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Signature, typed or printed name of signing officer or director

DATE

Telephone Phone #