

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 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**



01152008 No Chg-NP CR2E037 (4/06)

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**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000789831
01/23/08-80009-016 70.00**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE V
NAME WATTS, SUE
STREET ADDRESS 1419 GILLETTE RD
CITY-ST-ZIP ZOLFO SPRINGS, FL 33890

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-08