2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N03000003943

Entity Name: FLORIDA STATE NBHA, INC.

Current Principal Place of Business:

4920 COUNTY LINE ROAD
BOWLING GREEN, FL 33834

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 577
BOWLING GREEN, FL

New Mailing Address:

FEI Number: 20-0651798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, LINDA
4920 COUNTY LINE ROAD
BOWLING GREEN, FL 33834 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: PD ( ) Delete
Name: JONES, LINDA
Address: P.O. BOX 577
City-St-Zip: BOWLING GREEN, FL 33834

Title: SD ( ) Delete
Name: MIXON, MELODY
Address: 5701 HOWARD CREEK ROAD
City-St-Zip: SARASOTA, FL 34241

Title: TD ( ) Delete
Name: HABERLANDT, BOB
Address: 8300 CENTER ST.E
City-St-Zip: OKEECHOBEE, FL 34974

Title: V ( ) Delete
Name: WATTS, SUE
Address: 1419 GILLETTE RD
City-St-Zip: ZOLFO SPRINGS, FL 33890

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: COFFEE, LAURA
Address: 312 E MAIN ST
City-St-Zip: BOWLING GREEN, FL 33834

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 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: LINDA JONES P 01/09/2009

Electronic Signature of Signing Officer or Director — Date