FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N04998** **(3)**

1. Corporation Name

BETTER BUSINESS BUREAU OF WEST FLORIDA, INC.

Principal Place of Business	Mailing Address
5830 142ND AVENUE NORTH STE. B CLEARWATER FL 34620 US	P. O. BOX 7950 P.O. BOX 7950 CLEARWATER FL 34618-7950 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 09/06/1984
3a. Date of Last Report: 08/04/1995
4. FEI Number: 59-2453220 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☑ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WHITE, PATRICIA S.
5830 142ND AVENUE, NORTH
STE. B
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RICARDO, RONALD		1.2 NAME		
STREET ADDRESS	5830 142ND AVENUE, NORTH, STE. B		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	VERNICK, JACK		2.2 NAME	SAME	
STREET ADDRESS	5830 142ND AVENUE, NORTH, STE. B		2.3 STREET ADDRESS	"	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	"	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, PATRICIA S.		3.2 NAME		
STREET ADDRESS	5830 142ND AVENUE, NORTH, STE. B		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	CD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FLECK, PATRICIA		4.2 NAME		
STREET ADDRESS	5830 142ND AVENUE, NORTH, STE. B		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	CD	☐ Change ☒ Addition
NAME			5.2 NAME	SMITH, REBECCA	
STREET ADDRESS			5.3 STREET ADDRESS	5830 142ND AVE N, STE. B	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	CLEARWATER, FL 34620	
TITLE		☐ DELETE	6.1 TITLE	SD	☐ Change ☒ Addition
NAME			6.2 NAME	ROBERTS, EMELIE	
STREET ADDRESS			6.3 STREET ADDRESS	5820 142ND AVE N, STE B	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	CLEARWATER, FL 34620	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-19-96 813-535-5609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #