

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90121 004 ****70.00

DOCUMENT # N04998

1. Entity Name
BETTER BUSINESS BUREAU OF WEST FLORIDA, INC.



Principal Place of Business
**2653 MCCORMICK DR.
CLEARWATER, FL 33759? US**

Mailing Address
**P. O. BOX 7950
CLEARWATER, FL 33758-950 US**

400411



03082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2453220	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NALVEN, KAREN W
2653 MC CORMICK DR.
CLEARWATER, FL 33759**

**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 _____ (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 NALVEN, KAREN 2653 MC CORMICK DR. CLEARWATER, FL 33759
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VERNICK, MARK 2653 MCCORMICK DR CLEARWATER, FL 33759
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, PATRICIA S 2653 MC CORMICK DR. CLEARWATER, FL 33759
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHD RICHARD, JOHN 2653 MCCORMICK DR. CLEARWATER, FL 33759
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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: *Karen W. Dalven*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/06 *727-5355609*
Date Daytime Phone #