# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04998

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

FILED
07 AUG 29 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 2653 MCCORMICK DR.<br>CLEARWATER, FL 33-759? US | P. O. BOX 7950<br>CLEARWATER, FL 33758-950 US |

08222007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 2655 McCormick Dr. | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Clearwater, FL | City & State |
| Zip: 33759 Country: US | Zip Country |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| NALVEN, KAREN W<br>2653 MC CORMICK DR.<br>CLEARWATER, FL 33759 | Name: Karen W. Nalven<br>Street Address (P.O. Box Number is Not Acceptable): 2655 McCormick Dr<br>City: Clearwater FL Zip Code: 33759 |

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

**Amended AR is $61.25**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>NALVEN, KAREN<br>2653 MC CORMICK DR.<br>CLEARWATER, FL 33759 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Karen W. Nalven<br>2655 McCormick Dr.<br>Clearwater, FL 33759 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCD<br>VERNICK, MARK<br>2653 MCCORMICK DR<br>CLEARWATER, FL 33759 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCD<br>Mark Vernick<br>2655 McCormick Dr<br>Clearwater, FL 33759 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WHITE, PATRICIA S<br>2653 MC CORMICK DR.<br>CLEARWATER, FL 33759 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Patricia S White<br>2655 McCormick Dr<br>Clearwater, FL 33759 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CHD<br>RICHARD, JOHN<br>2653 MCCORMICK DR.<br>CLEARWATER, FL 33759 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CHD<br>John Richard<br>2655 McCormick Dr.<br>Clearwater, FL 33759 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>ALEX, JIM<br>2653 MCCORMICK DR<br>CLEARWATER, FL 33759 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>Jim Alex<br>2655 McCormick Dr<br>Clearwater, FL 33759 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 200109149592<br>09/06/07--01051--008 **70.00 | ☐ Change ☐ Addition |

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 Nalven
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #