2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N04998

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

Principal Place of Business	Mailing Address
2655 MCCORMICK DR. CLEARWATER, FL 33-759? US	P. O. BOX 7950 CLEARWATER, FL 33758-950 US

04172008 No Chg-NP CR2E037 (4/06)

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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
2655 MCCORMICK DR.
CLEARWATER, FL 33-759?

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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)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000917316
05/13/08-80036-010 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NALVEN, KAREN
STREET ADDRESS	2655 MCCORMICK DR.
CITY-ST-ZIP	CLEARWATER, FL 33759?
TITLE	VCD
NAME	VERNICK, MARK
STREET ADDRESS	2655 MCCORMICK DR.
CITY-ST-ZIP	CLEARWATER, FL 33759?
TITLE	D
NAME	WHITE, PATRICIA S
STREET ADDRESS	2655 MCCORMICK DR.
CITY-ST-ZIP	CLEARWATER, FL 33759?
TITLE	CHD
NAME	RICHARD, JOHN
STREET ADDRESS	2655 MCCORMICK DR.
CITY-ST-ZIP	CLEARWATER, FL 33759?
TITLE	ST
NAME	ALEX, JIM
STREET ADDRESS	2655 MCCORMICK DR.
CITY-ST-ZIP	CLEARWATER, FL 33759?
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 4/18/08 727-535-5609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #