

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # N05000002533

1. Entity Name
FLORIDA CONSORTIUM OF BBIC'S, INC.



Principal Place of Business
**2105 N. NEBRASKA AVENUE
TAMPA, FL 33206**

Mailing Address
**2105 N. NEBRASKA AVENUE
TAMPA, FL 33206**



03062008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2480085

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHESTER, GERALD O
1060 KING STREET
COCOA, FL 32922**

**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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000055565
03/27/08-00055-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WIMBERLY, FRANCES
STREET ADDRESS	2105 N. NEBRASKA AVENUE
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	LONG, INEZ
STREET ADDRESS	315 ROBINSON STREET, STE. NO. 660
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D
NAME	NELSON, TONY
STREET ADDRESS	2933 N. MYRTLE AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Frances A. Wimberly*
FRANCES A. WIMBERLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/08 **823-274-7923**
Date Daytime Phone #