

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011754

FILED
Feb 22, 2007
Secretary of State

Entity Name: BETTER FLORIDA FUND, INC.

Current Principal Place of Business:

PO BOX 16157
TALLAHASSEE, FL 32317

New Principal Place of Business:

123 SOUTH ADAMS STREET
TALLAHASSEE, FL 32301

Current Mailing Address:

PO BOX 16157
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 20-3865533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COATES, RICHARD E
200 WEST COLLEGE AVE STE 311B
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUNN, NEAL P
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL 32405 US

Title: S () Delete
Name: LIUFAU, JIM
Address: 36008 EMERALD COAST PARKWAY #401
City-St-Zip: DESTIN, FL 32541 US

Title: T () Delete
Name: ALTENBURGER, KEN
Address: 1800 SE 17TH STREET, #300
City-St-Zip: OCALA, FL 34471 US

Title: T () Delete
Name: STAPLETON, TIMOTHY
Address: 1003 GARDENIA DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMONTHY STAPLETON

T

02/22/2007

Electronic Signature of Signing Officer or Director

Date