

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007395

FILED
May 01, 2009
Secretary of State

Entity Name: PEOPLE FOR A BETTER FLORIDA FUND, INC.

Current Principal Place of Business:

123 S ADAMS
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

123 S ADAMS
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-5223088 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COATES, RICHARD E
200 W COLLEGE AVE SUITE 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: BUZNEGO, CARLOS
Address: 8940 N KENDALL DR, STE 400-E
City-St-Zip: MIAMI, FL 33176 US

Title: T () Delete
Name: BUTLER, BILL
Address: 5206 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33614 US

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

Title: T () Delete
Name: STAPLETON, TIMOTHY J
Address: 123 SOUTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BECKER, DAVID
Address: 123 S ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: TD (X) Change () Addition
Name: BUTLER, BILL
Address: 5206 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33614 US

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

Title: TD (X) Change () Addition
Name: STAPLETON, TIMOTHY J
Address: 123 SOUTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY J. STAPLETON

TD

05/01/2009

Electronic Signature of Signing Officer or Director

Date