


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90076 021 ****61.25

DOCUMENT # N06000010453	
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1. Entity Name
BE FRUITFUL.BIZ, INC.

Principal Place of Business
6805 WEST COMMERCIAL BLVD #322
TAMARAC, FL 33319

Mailing Address
6805 WEST COMMERCIAL BLVD #322
TAMARAC, FL 33319

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



04032007 Chg-NP CR2E037 (12/06)

4. FEI Number

320183324

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

GRIFFIN, DEBORAH J
4070 NW 90TH WAY
SUNRISE, FL 33351

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, DEBORAH J	
STREET ADDRESS	4070 NW 90TH WAY	
CITY-ST-ZIP	SUNRISE, FL 33351	

TITLE	D	<input type="checkbox"/> Delete
NAME	ALLISON, DEBRA	
STREET ADDRESS	2901 SW 41ST STREET #3001	
CITY-ST-ZIP	OCALA, FL 34474	

TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, BARBARA J	
STREET ADDRESS	13905 EQUITABLE ROAD	
CITY-ST-ZIP	CERRITOS, CA 90703	

TITLE	D	<input type="checkbox"/> Delete
NAME	FLOWERS, DEBRA	
STREET ADDRESS	306 LOMA DRIVE #332	
CITY-ST-ZIP	LOS ANGELES, CA 90017	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-07