

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006740

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** THE MIDDLE FLORIDA/GEORGIA P.B. ASSOCIATION, INC.

**Current Principal Place of Business:**

2256 FLEISCHMAN RD.  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2256 FLEISCHMAN RD.  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAINES, ROBERT R  
8573 RAQUEL LANE  
TALLAHASSEE, FL 32312 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: D  
Name: GAINES, ROBERT R  
Address: 8573 RAQUEL LANE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D  
Name: MOBLEY, MELVIN E  
Address: 913 SW 3RD ST.  
City-St-Zip: HAVANA, FL 32333

Title: D  
Name: RUSH, FRANKLIN  
Address: 2256 FLEISCHMAN RD.  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT R. GAINES

**MODE**

**01/06/2010**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date