## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000007589

FILED Mar 13, 2009 Secretary of State

Entity Name: FLORIDA COOPERATING BUSINESS BROKERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 7910 SUMMERLIN LAKES DR. FORT MYERS, FL 33907 **Current Mailing Address: New Mailing Address:** 7910 SUMMERLIN LAKES DR FORT MYERS, FL 33907 US FEI Number: 26-3564774 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WELBORN, BRAD 7910 SUMMERLIN LAKES DR. FORT MYERS, FL 33907 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GREEN, RICHARD Name: Name: 9140 CORSEA DEL FONTANA WAY Address: Address: City-St-Zip: NAPLES, FL 34109 US City-St-Zip: Title: Title: ( ) Delete () Change () Addition NAEDEL, DICK Name: Name: Address: 9130 GALLERIA COURT #119 Address: City-St-Zip: NAPLES, FL 34109 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition WELBORN, BRAD WELBORN, BRAD Name: Name: 7910 SUMMERLIN LAKES DR. Address: 7910 SUMMERLIN LAKES DR. Address: City-St-Zip: FORT MYERS, FL 33907 US City-St-Zip: FORT MYERS, FL 33907 US Title: VD ( ) Delete Title: () Change () Addition Name: BLEVINS, LARRY Name: 1536 KINGSLEY AVE., STE. 116 Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: Title: ( ) Delete Title: () Change () Addition GRACE, PATTY Name: Name: 5111 MEMORIAL HWY Address: Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition JONES, ANITA RICHARDS, EDNA Name: Name: Address: 2815 NW 13TH ST., STE. 200 Address: 5111 MEMORIAL HWY. GAINESVILLE, FL 32609 TAMPA, FL 33634 City-St-Zip: City-St-Zip:

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: BRAD WELBORN TREA 03/13/2009