

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010276

FILED
Feb 27, 2009
Secretary of State

Entity Name: FLORIDA BUSINESS TECHNOLOGY EDUCATION ASSOCIATION, INC.

Current Principal Place of Business:

1812 TOM-A-TOW ROAD
BOYNTON BEACH, FL 33426

New Principal Place of Business:

1812 TOM-A-TOE ROAD
BOYNTON BEACH, FL 33426

Current Mailing Address:

1812 TOM-A-TOW ROAD
BOYNTON BEACH, FL 33426

New Mailing Address:

1812 TOM-A-TOE ROAD
BOYNTON BEACH, FL 33426

FEI Number: 30-0519707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSEN, SUSAN
1812 TOM-A-TOE ROAD
BOYNTON BEACH, FL 33426 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: WILCOX, ANTIONETTE
Address: 1304 CINNAMON WAY
City-St-Zip: WEST LAKELAND, FL 33801

Title: S () Delete
Name: BOURKE, CAROL
Address: 6516 BAKER CIR W
City-St-Zip: COCOA, FL 32927

Title: T () Delete
Name: LARSEN, SUSAN
Address: 1812 TOM-A-TOE ROAD
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COOPER, JAMES
Address: 4200 COMMUNITY DR #907
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S (X) Change () Addition
Name: ROBINSON, LINDA
Address: 531 COLEMAN DRIVE, WEST
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
Address:
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: SUSAN LARSEN

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02/27/2009

Electronic Signature of Signing Officer or Director

Date