2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007
Secretary of State

DOCUMENT# N35208

Entity Name: FLORIDA UNITED BUSINESSES ASSOCIATION, INC.

Current Principal Place of Business:

116 S MONROE ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1302
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-2976776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILLIPS, KAREN E
116 S.MONROE ST
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: TD ( ) Delete
Name: DURRANCE, FRANK
Address: 1349 S INTERNATIONAL PKWY, SUITE 1421
City-St-Zip: LAKE MARY, FL 32746

Title: PD ( ) Delete
Name: JENNINGS, JEFFREY K
Address: 1030 WILFRED DR
City-St-Zip: ORLANDO, FL 32803

Title: E ( ) Delete
Name: STAHL, THOMAS W
Address: 116 S MONROE ST
City-St-Zip: TALLAHASSEE, FL 32302

Title: SD ( ) Delete
Name: SMITH, BOBBY R
Address: 305 PINEY KNOLL LN
City-St-Zip: HENDERSONVILLE, NC 28739

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS W. STAHL ED 03/21/2007

Electronic Signature of Signing Officer or Director — Date