


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N43000 1. Entity Name FLORIDA INITIATIVES, INC.	
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Principal Place of Business 4504 ROCKBRIDGE HOLLOW TALLAHASSEE, FL 32308	Mailing Address 1400 VILLAGE SQUARE BLVD. PMB 221 TALLAHASSEE, FL 32312
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05032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3079349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NABORS, JOAN B 1400 VILLAGE SQUARE BLVD., #3-221 TALLAHASSEE, FL 32312

**DO NOT WRITE
IN THIS SPACE**

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 *Joan B Nabors* DATE 5/18/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NABORS, ROBERT L 4504 ROCKBRIDGE HOLLOW TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAMB, PATTERSON ROUTE 3 BOX 259 TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HUBBARD, SUSAN 1442 SCIORIDGE CT ANN ARBOR, MI 48103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/19/05-80006-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Robert L Nabors* DATE 5/18/05 (850) 224-4070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #