FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:54

DOCUMENT # N92000000117 (3)

1. Corporation Name

FLORIDA FBLA-PBL ASSOCIATION AND FOUNDATION, INC

Principal Place of Business	Mailing Address
~~727 NORTHEAST THIRD AVENUE~~ ~~SUITE 201~~ ~~FORT LAUDERDALE FL 33304~~	~~727 NORTHEAST THIRD AVENUE~~ ~~SUITE 201~~ ~~FORT LAUDERDALE FL 33304~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1992
3a. Date of Last Report: 02/16/1994
4. FEI Number: 23-7147579 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 9853 Pines Boulevard	26 9853 Pines Boulevard
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pembroke Pines, FL	City & State 28 Pembroke Pines, FL
Zip / Country 24 33024 / 25 Broward	Zip / Country 29 33024 / 30 Broward

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KURLAND, ELISSA R ESQ. ~~727 NORTHEAST THIRD AVENUE~~ 9853 Pines Blvd. ~~SUITE 201~~ Pembroke Pines, ~~FORT LAUDERDALE FL 33304~~ FL 33024	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DP~~	11 TITLE	D	☐ Change ☒ Addition
NAME	~~POTTS, RICHARD~~	12 NAME	Elaine Besalski	
STREET ADDRESS	~~132 OAKLEDGE DRIVE~~	13 STREET ADDRESS	4520 N.W. 16th Place	
CITY-ST-ZIP	~~ROCKLEDGE FL 32955~~	14 CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	~~DS~~ D/P	21 TITLE	D/S	☐ Change ☒ Addition
NAME	JONES, JODY	22 NAME	Marla Devitt	
STREET ADDRESS	24900 SILVERSMITH DRIVE	23 STREET ADDRESS	13541 N.E. Miami Ct.	
CITY ST ZIP	LUTZ FL 33549	24 CITY-ST-ZIP	Miami, FL 33161	
TITLE	DT	31 TITLE	D	☐ Change ☒ Addition
NAME	KURLAND, ELISSA R	32 NAME	Dr. Linda Slaugh	
STREET ADDRESS	~~727 N.E. 3RD AVE. #201~~ 9853 Pines Blvd	33 STREET ADDRESS	1311 Balboa Ave.	
CITY-ST-ZIP	~~FT. LAUDERDALE FL 33304~~ Pem. Pines, FL	34 CITY-ST-ZIP	Panama City, FL 32402	
TITLE	D	41 TITLE	D	☐ Change ☐ Addition
NAME	~~BRONIG, JASON~~	42 NAME	Scott Black	
STREET ADDRESS	~~3543 GW SUNSET TRACE CIR~~	43 STREET ADDRESS	507 S. 9th St.	
CITY-ST-ZIP	~~PALM CITY FL~~	44 CITY-ST-ZIP	Dade City, FL 33525	
TITLE	D	51 TITLE	D	☐ Change ☐ Addition
NAME	~~WILLIAMS, ANTHONY~~	52 NAME	Robert Allison	
STREET ADDRESS	~~11000 UNF DRIVE G 300~~	53 STREET ADDRESS	7071 Garden Rd.	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	54 CITY-ST-ZIP	Riviera Bch, FL 33404	
TITLE	D	61 TITLE	D	☐ Change ☒ Addition
NAME	~~DOWLING, NANCY~~	62 NAME	Linda Harrison	
STREET ADDRESS	~~P.O. BOX 50 N/A~~	63 STREET ADDRESS	31320 S.W. 224th St.	
CITY-ST-ZIP	~~TIMBY FL 33589~~	64 CITY-ST-ZIP	Miami, FL 33170	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elissa R. Kurland Elissa R. Kurland 3/31/95 (305)436-6080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Director — Date — Daytime Phone #

0048488