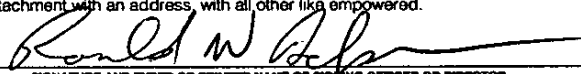


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90062 041 ****70.00

DOCUMENT # N92000000117 1. Entity Name FLORIDA FBIA-PBL ASSOCIATION, INC.			
Principal Place of Business 15549 CARTER BLVD # 100 BROOKSVILLE, FL 34613 US		Mailing Address PO BOX 10039 BROOKSVILLE, FL 34603	
2. Principal Place of Business 2531 EAST Hickory Drive Suite, Apt. #, etc.		3. Mailing Address PO Box 1106 Suite, Apt. #, etc.	
City & State DONALSONVILLE GA Zip GA 39845		City & State Zephyrhills, FL Zip 33539-1106	
Country SEM. NOLE		Country PASCO	
4. FEI Number 23-7147579		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEVITT, MARLA G 6255 BIRD ROAD MIAMI, FL 33155		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinsating) DATE			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAD RONALD BELSCHER 16345 SAM C ROAD BROOKSVILLE, FL	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLEN, MATT 36727 BLANTON RD DADE CITY, FL 33523	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SA JONES, JODY PO BOX 10039 BROOKSVILLE, FL 34603	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, STEPHANIE 1219 BRANDA VITTA DR BRANDON, FL 33510	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, SHERRY 4908 BRIAR OAKS CIR ORLANDO, FL 32808	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIERCE, RONALD 1219 BRANDA VITTA DR BRANDON, FL 33510	☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		1-26-05 813 310 2121 229 861 2511	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	