2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State
01-17-2006 90252 002 ****70.00

DOCUMENT # N92000000117

1. Entity Name
FLORIDA FBLA-PBL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~2531 EAST HICKORY DRIVE~~ ~~DONALSONVILLE, GA 39845 US~~	PO BOX 1106 ZEPHYRHILLS, FL 33539-1106

bUUU4J4J

01102006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
38834 Alston Ave	
Suite, Apt. #, etc. Zephyrhills FL	Suite, Apt. #, etc.
City & State 33542	City & State
Zip [illegible] Country USA	Zip Country

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	7. Name and Address of New Registered Agent
DEVITT, MARLA G 6255 BIRD ROAD MIAMI, FL 33155	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 _____ DATE
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 May 1, 2006

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 ~~2531 EAST HICKORY DRIVE~~ ~~DONALSONVILLE, GA 39845~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 205 County Road 512 Centre, AL 35960	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILLEN, MATT 36727 BLANTON RD DADE CITY, FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SA JONES, JODY PO BOX 1106 ZEPHYRHILLS, FL 335391106	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIERCE, STEPHANIE 1219 BRANDA VITTA DR BRANDON, FL 33510	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENKINS, SHERRY 4908 BRIAR OAKS CIR ORLANDO, FL 32808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PIERCE, RONALD 1219 BRANDA VITTA DR BRANDON, FL 33510	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] 1-10-06 813-310-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #