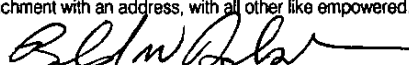


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 2531 EAST HICKORY DRIVE DONALSONVILLE, GA 39845 US			Mailing Address PO BOX 1106 ZEPHYRHILLS, FL 33539-1106		
2. Principal Place of Business 38034 ALSTON AVE Suite, Apt. #, etc. ZEPHYRHILLS FL			3. Mailing Address Suite, Apt. #, etc.		
City & State 33542			City & State		
Zip 33542		Country USA		4. FEI Number 23-7147579	
				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 reinstating) DATE					
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	205 County Road 512 Centre, AL 35960 ☒ Change ☐ Addition	
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: 			1-10-06 813-310-2121		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

60004343



01102006 Chg-NP CR2E037 (11/05)