2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9200000117

Entity Name: FLORIDA FBLA-PBL ASSOCIATION, INC.

FILED Jan 17, 2007 Secretary of State

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Current Principal Place of Business:			New Prince	New Principal Place of Business:		
38834 ALS ZEPHYRH	TON AVE ILLS, FL 3354:	2 US				
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 1 ⁻ ZEPHYRH	106 ILLS, FL 3353	91106				
FEI Number:	23-7147579	FEI Number Applied For () FEI N	umber Not App	licable () Certificate of Status Desired (X)		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
DEVITT, M 6255 BIRD MIAMI, FL	ROAD					
	named entity s of Florida.	ubmits this statement for the purpose	of changing i	ts registered office or registered agent, or both,		
SIGNATURE:						
	Electron	ic Signature of Registered Agent		Date		
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SAD () RONALD BELSO 2531 EAST HIC DONALSONVILI	KORY DRIVE	Title: Name: Address: City-St-Zip:	SAD (X) Change () Addition RONALD BELSCHER, 205 COUNTY ROAD 512 CENTRE, AL 35960		
Title: Name: Address: City-St-Zip:	D () HILLEN, MATT 205 COUNTY R CENTRE, AL 38		Title: Name: Address: City-St-Zip:	D (X) Change () Addition ALVAREZ, TONYA 2231 PRAIRIE AVENUE MAIMI BEACH, FL 33139		
Title: Name: Address: City-St-Zip:	SA () JONES, JODY PO BOX 1106 ZEPHYRHILLS,	Delete FL 335391106	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () PIERCE, STEPH 1219 BRANDA V BRANDON, FL	/ITTA DR	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () JENKINS, SHEF 4908 BRIAR OA ORLANDO, FL	KS CIR	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	P () PIERCE, RONA 1219 BRANDA N BRANDON, FL	/ITTA DR	Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MR. RONALD W. BELSCHER SAD 01/17/2007