2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008
Secretary of State

DOCUMENT# N92000000117

Entity Name: FLORIDA FBLA-PBL ASSOCIATION, INC.

Current Principal Place of Business:

38834 ALSTON AVE
ZEPHYRHILLS, FL 33542 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1106
ZEPHYRHILLS, FL 335391106

New Mailing Address:

FEI Number: 23-7147579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DEVITT, MARLA G
6255 BIRD ROAD
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SAD ( ) Delete
Name: RONALD BELSCHER,
Address: 205 COUNTY ROAD 512
City-St-Zip: CENTRE, AL 35960

Title: D ( ) Delete
Name: ALVAREZ, TONYA
Address: 2231 PRAIRIE AVENUE
City-St-Zip: MAIMI BEACH, FL 33139

Title: SA ( ) Delete
Name: JONES, JODY
Address: PO BOX 1106
City-St-Zip: ZEPHYRHILLS, FL 335391106

Title: D ( ) Delete
Name: PIERCE, STEPHANIE
Address: 1219 BRANDA VITTA DR
City-St-Zip: BRANDON, FL 33510

Title: D ( ) Delete
Name: JENKINS, SHERRY
Address: 4908 BRIAR OAKS CIR
City-St-Zip: ORLANDO, FL 32808

Title: P ( ) Delete
Name: PIERCE, RONALD
Address: 1219 BRANDA VITTA DR
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RONALD W. BELSCHER SSA 02/15/2008

Electronic Signature of Signing Officer or Director — Date