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**Apr 15, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000005063**

1. Corporation Name

**FLORIDA BUSINESS EDUCATION ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3900 COUNTRY LINE RD  
#27A  
TEQUESTA FL 33469  
US

3900 COUNTRY LINE RD  
#27A  
TEQUESTA FL 33469  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

12/06/1993

4. FEI Number

59-3216974

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Not Applicable

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

WOODS, JAMES M  
3900 COUNTRY LANE RD.  
#27A  
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PED ☐ DELETE

NAME CALEHUSS, VIRGINIA

STREET ADDRESS 11701 NW 14 COURT

CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE SD ☐ DELETE

NAME ANDREWS, ALICE

STREET ADDRESS 901 OAKLEAF COURT

CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE PD ☐ DELETE

NAME MALLINSON, LINDA

STREET ADDRESS ORLANDO TECH, 301 WEST AMELIA STREET

CITY-ST-ZIP ORLANDO FL

TITLE TD ☐ DELETE

NAME WOODS, JAMES M

STREET ADDRESS 3900 COUNTY LINE ROAD #27A

CITY-ST-ZIP TEQUESTA FL 33469-2226

TITLE PPD ☒ DELETE

NAME WILSON, YVONNE

STREET ADDRESS 501 N WOODROW WILSON

CITY-ST-ZIP PLANT CITY FL 33567

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME *President*

1.3 STREET ADDRESS *Calhuff, Virginia*

1.4 CITY-ST-ZIP

2.1 TITLE *Coleen Jones (Secretary) - Director* ☒ Change ☐ Addition

2.2 NAME *422 Bonifay Avenue*

2.3 STREET ADDRESS *Orlando, FL 32825*

2.4 CITY-ST-ZIP

3.1 TITLE *Past President* ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE *Past Pres (Director)* ☒ Change ☐ Addition

5.2 NAME *Terry Newby*

5.3 STREET ADDRESS *2550 Christine Dr*

5.4 CITY-ST-ZIP *Lissimnee, FL 34744-2762*

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Woods* 3/17/99 561/743-5758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)