

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

99 MAR 20 11:12 AM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N97000000796**

1. Corporation Name  
**BETTER BUSINESS COUNCIL, INC.**

Principal Place of Business  
800 MARCUM ROAD  
SUITE #4  
LAKELAND FL 33809  
US

Mailing Address  
800 MARCUM ROAD  
SUITE #4  
LAKELAND FL 33809  
US



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/10/1997
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number 59-2491713 APPLIED FOR
23. City & State	2c. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <del>-\$8.75 Additional Fee Required</del>
24. Zip	2d. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country	2e. Country	

9. Name and Address of Current Registered Agent  
**ARTMAN, STEPHEN H**  
906 S FLORIDA AVE, SUITE 102  
LAKELAND FL FL338-03

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PO</b> NAME <b>WOOTON, DAVID</b> STREET ADDRESS <b>7430 CATHERINE DR.</b> CITY-ST-ZIP <b>LAKELAND FL 33810</b>	<input type="checkbox"/> DELETE 11 TITLE 12 NAME <b>Ed Laderer</b> 13 STREET ADDRESS <b>2000 E. Edgewood Dr STE 102</b> 14 CITY-ST-ZIP <b>LAKELAND FL 33803</b>
TITLE <b>STD</b> NAME <b>POTTER, KELLY</b> STREET ADDRESS <b>251 VILLAGE VIEW LANE</b> CITY-ST-ZIP <b>LAKELAND FL 33809</b>	<input type="checkbox"/> DELETE 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE <b>BO</b> NAME <b>HAUB, KAREN</b> STREET ADDRESS <b>3829 PROGRESS DR.</b> CITY-ST-ZIP <b>LAKELAND FL 33811</b>	<input type="checkbox"/> DELETE 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME <b>Wes Craven</b> STREET ADDRESS <b>225 N. Florida</b> CITY-ST-ZIP <b>LAKELAND 33801</b>	<input type="checkbox"/> DELETE <b>Addition</b> 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME <b>Brockman Self</b> STREET ADDRESS <b>402 So. Kentucky Ave</b> CITY-ST-ZIP <b>LAKELAND FL 33803</b>	<input type="checkbox"/> DELETE <b>Addition</b> 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME <b>Allon Fish</b> STREET ADDRESS <b>309 South Circle</b> CITY-ST-ZIP <b>Sebring FL 33870</b>	<input type="checkbox"/> DELETE <b>Addition</b> 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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, upon an attachment with an address, with all other like empowered

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-20-97** (941) 833-9115  
Date/Time Phone #