

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50278

Entity Name: BUSINESSFORCE, INC.**Current Principal Place of Business:**75 SOUTH IVANHOE BLVD.
ORLANDO, FL 32804**Current Mailing Address:**75 SOUTH IVANHOE BLVD.
ORLANDO, FL 32804**FEI Number:** 59-3160497**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FAGAN, S P
75 S. IVANHOE BLVD.
ORLANDO, FL 32804 US*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

Officer/Director Detail :

Title	D
Name	BECKER, MELANIE H.
Address	555 LAKE BORDER DRIVE
City-State-Zip:	APOPKA FL 32703

Title	D
Name	GALBRAITH, JAY
Address	9205 SOUTH PARK CENTER LOOP SUITE 400
City-State-Zip:	ORLANDO FL 32819

Title	TDS
Name	FAGAN, SCOTT P
Address	P.O. BOX 1234
City-State-Zip:	ORLANDO FL 32802-1234

Title	D
Name	BRUCE, DEREK
Address	P.O. BOX 4351
City-State-Zip:	ORLANDO FL 32802-4351

Title	P
Name	KETCHUM, MICHAEL L
Address	P.O. BOX 1234
City-State-Zip:	ORLANDO FL 32802-1234

Title	D
Name	MITCHELL, MICHAEL
Address	P.O. BOX 407
City-State-Zip:	LAKELAND FL 33802-0407

I hereby 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 all other like empowered.

SIGNATURE: SCOTT P. FAGAN**DIRECTOR****04/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date