

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000117

Entity Name: FUTURE BUSINESS LEADERS OF AMERICA PHI BETA LAMBDA
FLORIDA CHAPTER, INC.**FILED**
Mar 05, 2017
Secretary of State
CC3981848703**Current Principal Place of Business:**38834 ALSTON AVE
ZEPHYRHILLS, FL 33542**Current Mailing Address:**PO BOX 1106
ZEPHYRHILLS, FL 33539-1106**FEI Number: 23-7147579****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**JONES, JODY A
38834 ALSTON AVENUE
ZEPHYRHILLS, FL 33542 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 SAD
Name JODY A. JONES
Address 38834 ALSTON AVENUE
City-State-Zip: ZEPHYRHILLS FL 33542Title D
Name ALVAREZ, TONYA
Address 2231 PRAIRIE AVENUE
City-State-Zip: MAIMI BEACH FL 33139Title P
Name PIERCE, RON
Address 810 CENTERBROOK DRIVE
City-State-Zip: BRANDON FL 33511Title D
Name PIERCE, STEPHANIE
Address 810 CENTERBROOK DRIVE
City-State-Zip: BRANDON FL 33511Title D
Name BAXLEY, MELISSA
Address 2767 HIGHWAY 160
City-State-Zip: BONIFAY FL 32425Title D
Name KONKOL, MELISSA
Address 1395 POLK STREET
City-State-Zip: BARTOW FL 33830

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: JODY A. JONES**SAD****03/05/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date