

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000117

Entity Name: FLORIDA FBLA-PBL ASSOCIATION, INC.**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 33542

Title	P
Name	PIERCE, RON
Address	810 CENTERBROOK DRIVE
City-State-Zip:	BRANDON FL 33511

Title	D
Name	BAXLEY, MELISSA
Address	2767 HIGHWAY 160
City-State-Zip:	BONIFAY FL 32425

Title	D
Name	ALVAREZ, TONYA
Address	2231 PRAIRIE AVENUE
City-State-Zip:	MAIMI BEACH FL 33139

Title	D
Name	PIERCE, STEPHANIE
Address	810 CENTERBROOK DRIVE
City-State-Zip:	BRANDON FL 33511

Title	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**STATE ADVISER****04/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date