

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005313

**Entity Name:** AMERICAN BUSINESS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

523 59 ST S  
ST PETERSBURG, FL 33707

**Current Mailing Address:**

523 59 ST S  
ST PETERSBURG, FL 33707 US

**FEI Number:** 65-0646620

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BASTIE, GARY  
523 59 ST S  
ST PETERSBURG, FL 33707 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 DIRECTOR, PRESIDENT  
Name BASTIE, GARY  
Address 523 59TH STREET S  
City-State-Zip: ST PETERSBURG FL 33707

Title DIRECTOR, VP  
Name CHAPMAN, DANIEL  
Address 2236 COTTONDALE AVENUE  
City-State-Zip: SPRING HILL FL 34608

Title DIRECTOR, TREASURER,  
SECRETARY  
Name BASTIE, R  
Address 523 59TH STREET S  
City-State-Zip: ST PETERSBURG FL 33707

Title DP  
Name BASTIE, GARY  
Address 523 59 ST S  
City-State-Zip: ST PETERSBURG FL 33707

Title DV  
Name CHAPMAN, DANIEL  
Address 2236 COTTONDALE AVE  
City-State-Zip: SPRING HILL FL 34608

Title DTS  
Name BASTIE, R  
Address 523 59 ST S  
City-State-Zip: ST PETERSBURG FL 33707

*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:** ROBERTA BASTIE

D-TS

03/11/2019

Electronic Signature of Signing Officer/Director Detail

Date