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Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010

, and ending 12-31-2010

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization FLORIDA BEVERAGE ASSOCIATION INC	D Employer identification number 59-6193024
Number and street (or P O box, if mail is not delivered to street address) PO BOX 4307	E Telephone number (850) 385-9318
City or town, state or country, and ZIP + 4 TALLAHASSEE, FL 323154307	F Group Exemption Number ►

G Accounting method  Cash  Accrual Other (specify) ► \_\_\_\_\_

I Website: ► FLABEV.ORG

J Tax-Exempt status (check only one) —  501(c)(3)  501(c)( 6 ) (insert no)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 165,000

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I )

Check if the organization used Schedule O to respond to any question in this Part I . . . . . 

1 Contributions, gifts, grants, and similar amounts received . . . . .	1	
2 Program service revenue including government fees and contracts . . . . .	2	
3 Membership dues and assessments . . . . .	3	165,000
4 Investment income . . . . .	4	
5a Gross amount from sale of assets other than inventory . . . . .	5a	
b Less cost or other basis and sales expenses . . . . .	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) . . . . .	6d	
c Less direct expenses from gaming and fundraising events . . . . .	6c	
d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) . . . . .		
7a Gross sales of inventory, less returns and allowances . . . . .	7a	
b Less cost of goods sold . . . . .	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
8 Other revenue (describe in Schedule O) . . . . .	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	165,000
10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	
11 Benefits paid to or for members . . . . .	11	
12 Salaries, other compensation, and employee benefits . . . . .	12	
13 Professional fees and other payments to independent contractors . . . . .	13	95,203
14 Occupancy, rent, utilities, and maintenance . . . . .	14	
15 Printing, publications, postage, and shipping . . . . .	15	1,107
16 Other expenses (describe in Schedule O) . . . . .	16	47,590
17 Total expenses. Add lines 10 through 16 . . . . .	17	143,900
18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	21,100
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	-9,606
20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	11,494

**Part II Balance Sheets**Check if the organization used Schedule O to respond to any question in this Part II 

(See the instructions for Part II )

	(A) Beginning of year	(B) End of year
<b>22 Cash, savings, and investments</b>	22	6,143
<b>23 Land and buildings</b>	23	
<b>24 Other assets (describe in Schedule O)</b>	6,000	24
<b>25 Total assets</b>	6,000	25
<b>26 Total liabilities (describe in Schedule O)</b>	15,606	26
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	-9,606	27
		11,494

**Part III Statement of Program Service Accomplishments**Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

PUBLIC RELATIONS FOR THE SOFT DRINK INDUSTRY

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

**28 TO PROVIDE THE PUBLIC WITH RELEVANT INFORMATION ABOUT FLORIDA'S NON- ALCOHOLIC BEVERAGE BOTTLING INDUSTRY**

(Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a
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**29**

(Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a
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**30**

(Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a
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<b>31 Other program services (describe in Schedule O)</b>		31a
(Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	

<b>32 Total program service expenses</b> (add lines 28a through 31a)		32
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**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation <b>(If not paid, enter -0-.)</b>	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V 

**33** Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33  Yes  No

**34** Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34  Yes  No

**35** If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T 35a  Yes  No

**a** Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b  Yes  No

**b** If "Yes," has it filed a tax return on **Form 990-T** for this year? (see instructions) 36  Yes  No

**36** Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36  Yes  No

**37a** Enter amount of political expenditures, direct or indirect, as described in the instructions 37a  Yes  No

**b** Did the organization file **Form 1120-POL** for this year? 37b  Yes  No

**38a** Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a  Yes  No

**b** If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Yes  No

**39** *Section 501(c)(7) organizations.* Enter 39a  Yes  No

**a** Initiation fees and capital contributions included on line 9 39b  Yes  No

**b** Gross receipts, included on line 9, for public use of club facilities 39b  Yes  No

**40a** *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 40a  Yes  No

**b** *Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b  Yes  No

**c** *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c  Yes  No

**d** *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization 40d  Yes  No

**e** *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e  Yes  No

**41** List the states with which a copy of this return is filed 41  FL  Yes  No

**42a** The organization's books are in care of 42a  Yes  No

MARTHA HARBIN Telephone no 42a  (850) 251-2803

17024 SUNRAY ROAD 42b  Yes  No

Located at 42b  TALLAHASSEE, FL ZIP + 4 42c  32309

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42c  Yes  No

If "Yes," enter the name of the foreign country 42c  Yes  No

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? 43  Yes  No

If "Yes," enter the name of the foreign country 43  Yes  No

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here 43  Yes  No

and enter the amount of tax-exempt interest received or accrued during the tax year 43  Yes  No

**44a** Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44a  Yes  No

**b** Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b  Yes  No

**c** Did the organization receive any payments for indoor tanning services during the year? 44c  Yes  No

**d** If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d  Yes  No

	Yes	No
45		No
45a		No
46		No

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI 

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000 

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	***** Signature of officer AL HUGDINS PRESIDENT Type or print name and title	2011-06-13 Date
	Preparer's signature  FREDERICK CARROLL III	Date 2011-07-01
<b>Paid Preparer's Use Only</b>	Firm's name (or yours if self-employed), address, and ZIP + 4  CARROLL AND COMPANY CPAS 2640-A MITCHAM DRIVE TALLAHASSEE, FL 32308	Check if self-employed <input type="checkbox"/> EIN <input type="checkbox"/> Phone no <input type="checkbox"/> (850) 877-1099

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2010****For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► Complete if the organization is described below.  
 ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Open to Public  
Inspection**

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization FLORIDA BEVERAGE ASSOCIATION INC	Employer identification number 59-6193024
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ► \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group  
**B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes  No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	
	Amount		
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV		No	
<b>j</b> Total lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	No
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	Yes

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

<b>1</b> Dues, assessments and similar amounts from members	1	165,000
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	2a	14,475
<b>b</b> Carryover from last year	2b	53,475
<b>c</b> Total	2c	67,950
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	46,200
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	21,750
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11. Also, complete this part for any additional information

Identifier	Return Reference	Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2010****Open to Public  
Inspection****Name of the organization**

FLORIDA BEVERAGE ASSOCIATION INC

**Employer identification number**

59-6193024

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING AND PROMOTION 1,254 OFFICE EXPENSES 7,696 WEB HOSTING 1,559 TRAVEL AND LODGING 4,880 CONFERENCE AND MEETINGS 21,686 REFERENCE MATERIALS 3,100 MEMBERSHIPS 6,415 CONTRIBUTIONS 1,000 TOTAL 47,590

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 6,000 5,351 TOTAL 6,000 5,351

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 7,500 0 CASH OVERDRAFT 8,106 0

Identifier	Return Reference	Explanation
UNREPORTED INCOME ON FORM 990-T EXPLANATION	FORM 990-EZ, PART V, LINE 35	FORM 990T NOT REQUIRED, BOX 35A MARKED FOR COMPLETION OF SCHEDULE C, PART III-A AND B TO REPORT NON-DEDUCTIBLE PORTION OF DUES FOR LOBBYING EXPENSES

## TY 2010 Compensation Explanation

**Name:** FLORIDA BEVERAGE ASSOCIATION INC

**EIN:** 59-6193024

Person Name	Explanation
MARTHA HARBIN	
DARREN CLARK	
NORMAN ROSS	
PATRICK DEVLIN	
WAYNE PARKS	
STEVEN LEZMAN	
DONNA CIROLIA	

## Additional Data

**Software ID:**  
**Software Version:**

**EIN:** 59-6193024

**Name:** FLORIDA BEVERAGE ASSOCIATION INC

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MARTHA HARBIN  PO BOX 4307 TALLAHASSEE, FL 323154307	EX DIRECTOR 30 00	72,000		
DARREN CLARK  PO BOX 4307 TALLAHASSEE, FL 323154307	DIRECTOR 1 50	0		
NORMAN ROSS  PO BOX 4307 TALLAHASSEE, FL 323154307	PRESIDENT 1 50	0		
PATRICK DEVLIN  PO BOX 4307 TALLAHASSEE, FL 323154307	DIRECTOR 1 50	0		
WAYNE PARKS  PO BOX 4307 TALLAHASSEE, FL 323154307	DIRECTOR 1 50	0		
STEVEN LEZMAN  PO BOX 4307 TALLAHASSEE, FL 323154307	DIRECTOR 1 50	0		
DONNA CIROLIA  PO BOX 4307 TALLAHASSEE, FL 323154307	DIRECTOR 1 50	0		