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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DO | CUI | MEN | ١T | # | 730402 |
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| | | | | | |

1. Corporation Name

FLORIDA TRANSIT ASSOCIATION, INC.

| Principal Place of Business |
|-----------------------------|
| 2003 PARKWAY BLDG. |
| POST OFFICE BOX 10168 |
| TALLAMOREE EL 22202 |

Mailing Address

FLORIDA TRANSIT ASSOCIATION P O BOX 10168



| TALLAHSSEE FL 32302 TALLAHASSEE FL 32302 US | | | | | | | L 19347) (0000 1)311 00111 01011 0811 08110 1101 01017 01011 01011 01011 01011 01011 01011 01011 | | | | | | |
|---|--|--------------------------------------|------------------------|------|---------------|----------|--|--------------|-----------------------------------|---------|------------|--|--|
| Principal Place of Business 2a. Mailing Address | | | | | | | Date incorporated or Qualifed | | | | | | |
| 21 26 | | | | | | | 08/08/1974 | | | | | | |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | | | | 4. FEI Number | | | App | lied For | | |
| 22 | | 27 | | | | | 59-1766032 - | | ٦ | Not | Applicable | | |
| City & Stat | te | City & State | City & State | | | 1 | 5. Certifcate of Status Desired | | \$8.75 Additional Fee Required | | | | |
| Zip | Country | Zip | Count | rv | | | 6. Election Campaign Financing | | 61 | 100 | May Be | | |
| 24 25 | | ⊢ —, ` | 30 | - | | - 1 | Trust Fund Contribution | | | dded to | | | |
| 241 | 9. Name and Address of Curro | | 1 | | | | 10. Name and Address of New I | Registered / | Agent | | | | |
| | | | 8 | 11 | Name | | | | | | | | |
| WATOON | 14850 | | چا ۔ | | | | | 41-3 | | | | | |
| WATSON, | | |) 8 | 2 | Street A | oderes | s (P.O. Box Number is Not Accepta | apie) | | | | | |
| - | KWAY BUILDING | | 8 | 3 | | | | | | | | | |
| 102 | | | | | | | | | | | | | |
| r Tallaha: | SSEE FL 32302 | | 8 | 4 | City | | | FL | 85 | Zip C | ode | | |
| agent. I a | registered agent, or both, in the Stat im familiar with, and accept the oblig | gations of, Section 617.0503, Flor | rida Statute | 95. | | | | DATE | | | | | |
| 12. | Signature, typed or printed name of registered as | gent and trile if applicable. (NOTE: | 13. | ent | signature re- | quirea w | hen reinstating) ADDITIONS/CHANGES TO OF | | D DIR | ECTO | RS IN 12 | | |
| | D | DELETE | 1.1 TITLE | | T | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | □ CI | | Addition | | |
| TITLE | = | | 1.2 NAME | | 1 | | | | | | | | |
| NAME | DENT, SHARON | | | | 1000000 | | | | | | | | |
| STREET ADDRESS | 1 | | 1 | | ADDRESS | | | | | | | | |
| CITY-ST-ZIP | TAMPA FL | ☐ DELETE | 1.4 CITY- 2.1 TITLE | | <u>-ZIP</u> | | • | | ПС | ange | Addition | | |
| TITLE | OWERNEY BOOKS | □ bereit | | | l | | | | □ • | | | | |
| NAME | SWEENEY, ROGER | | 2.2 NAMI | | | | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | | | |
| CITY-ST-ZIP | CLEARWATER FL | ☐ DELETE | 2. 4 CITY 3.1 TITLE | | ·ZIP | P | | | | ange | Addition | | |
| TITLE | SWISHER, JIM | | 3.2 NAM | | | F. | | | - | ٠ | _ | | |
| NAME F | · · - · · | | | | ADDRESS | | | | | | | | |
| STREET ADDRESS | 1 2 2 2 | | | | | | | | | | | | |
| CITY-ST-ZIP | LIVE OAK FL | ☐ DELETE | 3.4. CITY 4.1 TITLE | | | VP | | | | ange | Addition | | |
| mue | STE VP | | | | [| ٧٣ | | | | | | | |
| NAME | SCANLON, MICHAEL | | 4. 2 NAM | | 4000000 | | | | | | | | |
| STREET ADDRESS | 3201 W COPANS RD | | | | ADDRESS | | | | | | | | |
| CITY-ST-ZIP | POMPANO BEACH FL 33069 | DELETE | 4.4 CITY | | -211 | | | | □ CI | nance | Addition | | |
| TITLE | ED MATCON JOHN WES | C) DELETE | 5.1 IFILE | | | | | | | | | | |
| NAME | WATSON, JOHN WES | | | | ADDRESS | | | | | | | | |
| STREET ADDRESS | | | 5.4 CITY | | | | | | | | ľ | | |
| CITY-ST-ZIP | TALLAHASSEE FL | (T) DELETE | 6.1 TITLE | | -+ | | <u> </u> | | ΓĪC | ange | Addition | | |
| TITLE | CADTED LADDY | - DECETE | 6.2 NAMI | | İ | | | | | g= | | | |
| NAME | CARTER, LARRY | | 1 | | ADDDEES | | | | | | | | |
| STREET ADDRESS | 555 APPLEYARD DR | | 6.3 STRE | CC 1 | ADDRESS | | | | | | ì | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changes for on an extraordinate with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TALLAHASSEE FL