## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#730402** 

FILED Feb 01, 2006 Secretary of State

Entity Name: FLORIDA PUBLIC TRANSPORTATION ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2003 PARKWAY BLDG. POST OFFICE BOX 10168 TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

FLORIDA PUBLIC TRANSPORTATION ASSN. P O BOX 10168
TALLAHASSEE, FL 32302 US

FEI Number: 59-1766032 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WATSON, JOHN W ED PO BOX 10168 TALLAHASSEE, FL 32302 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

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 CHR
 ( ) Delete
 Title:
 CHR
 (X) Change ( ) Addition

 Name:
 LOGAN, JEFFREY
 Name:
 HERNANDEZ, MYRA

 Address:
 PO BOX 490-STA5
 Address:
 PO BOX 1078

 City-St-Zip:
 GAINESVILLE, FL 32601
 City-St-Zip:
 KEY WEST, FL 33040

Title: V/CH ( ) Delete Title: S/T (X) Change ( ) Addition Name: HERNANDEZ, MYRA Name: MYERS, STEVE

 Address:
 PO BOX 1078
 Address:
 6035 LANDING VIEW RD

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 FT. MYERS, FL 33907

Title: S/T ( ) Delete Title: V/CH (X) Change ( ) Addition

 Name:
 GIULIETTI, JOSEPH
 Name:
 GIULIETTI, JOSEPH

 Address:
 800 NW 33RD ST - 100
 Address:
 800 NW 33RD ST - 100

 City-St-Zip:
 POMPANO BCH, FL 33064
 City-St-Zip:
 POMPANO BCH, FL 33064

Title: ED () Delete Title: () Change () Addition Name: WATSON, JOHN W. Name:

 Name:
 WATSON, JOHN W.
 Name:

 Address:
 2003 APALACHEE PKWY-102
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32301
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WES WATSON ED 02/01/2006