

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90988 040 ****61.25

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DOCUMENT # 753863					
1. Entity Name FTA PAC, INC.					
Principal Place of Business 350 E COLLEGE AVE. TALLAHASSEE, FL 32301			Mailing Address 350 E COLLEGE AVE. TALLAHASSEE, FL 32301		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRANTLEY, CHARLES J 350 EAST COLLEGE AVE TALLAHASSEE, FL 32301				Name JAMES J. LONG	
				Street Address (P.O. Box Number is Not Acceptable) 350 EAST COLLEGE AVE	
				City TALLAHASSEE FL	
				Zip Code 32301	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ED D <input type="checkbox"/> Delete				
NAME	BOSTICK, MARK	TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS	P.O. BOX 67	NAME	JAMES J. LONG		
CITY-ST-ZIP	AUBURNDALE, FL 338230067	STREET ADDRESS	350 EAST COLLEGE AVE		
		CITY-ST-ZIP	TALLAHASSEE, FL 32301		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	OAKLEY, THOMAS E	NAME	JON PRITCHETT		
STREET ADDRESS	101 ABC ROAD	STREET ADDRESS	1986 WEST BEAVER ST.		
CITY-ST-ZIP	LAKE WALES, FL 33853	CITY-ST-ZIP	JACKSONVILLE, FL 32209		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ARPELLINI, JULES	NAME	JIM BARR		
STREET ADDRESS	3446 S.W. ARPELLINI AVE.	STREET ADDRESS	3600 NW 82 AVE		
CITY-ST-ZIP	PALM CITY, FL 34991	CITY-ST-ZIP	MIAMI, FL 33166		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FOGARTY, GENE	NAME	RICHARD SCHULAR		
STREET ADDRESS	1193 CUMBERLAND AVE.	STREET ADDRESS	P.O. BOX 401		
CITY-ST-ZIP	TAMPA, FL	CITY-ST-ZIP	LAKELAND, FL 33802		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BROWN, CHARLIE	NAME	EDWIN WALPOLE, III		
STREET ADDRESS	2200 W. LANDSTREET RD	STREET ADDRESS	P.O. BOX 1177		
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	OKEECHOBEE, FL 34972		
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BRANTLEY, CHARLES	NAME	RICHARD L. STUHLER		
STREET ADDRESS	350 E. COLLEGE AVENUE	STREET ADDRESS	5421 N 59th STREET		
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	TAMPA, FL 33610		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		APRIL 28, 2005		850-222-7900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	