

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# 753863

Entity Name: FTA PAC, INC.

Current Principal Place of Business:

350 E COLLEGE AVE.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

350 E COLLEGE AVE.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-2020452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LONG, JAMES J
350 EAST COLLEGE AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ABRAIRA, PHILIP L
350 EAST COLLEGE AVE
TALLAHASSEE, FL 32301 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: PHILIP L. ABRAIRA

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: BOSTICK, MARK
Address: P.O. BOX 67
City-St-Zip: AUBURNDALE, FL 338230067

Title: ST () Delete
Name: LONG, JAMES J
Address: 350 EAST COLLEGE AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: ARMELLINI, JULES
Address: 3446 S.W. ARMELLINI AVE.
City-St-Zip: PALM CITY, FL 34991

Title: D () Delete
Name: PRITCHETT, JON
Address: 1986 WEST BEAVER ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: BARR, JIM
Address: 3600 NW 82 AVE
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: SCHULAR, RICHARD
Address: PO BOX 407
City-St-Zip: LAKE LAND, FL 33802

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: STOHLER, R.L.
Address: 5421 NORTH 59TH ST.
City-St-Zip: TAMPA, FL 33610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change () Addition
Name: PRITCHETT, JON
Address: PO BOX 311
City-St-Zip: LAKE BUTLER, FL 32054

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: PHILIP L. ABRAIRA

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

Date