

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
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: 59-2882065 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAJCHEL, MARY LOU
350 EAST COLLEGE AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

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

Title: ST () Delete
Name: RAJCHEL, MARY LOU
Address: 350 EAST COLLEGE AVE.
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D () Delete
Name: ARMELLINI, JULES
Address: P. O. BOX 678
City-St-Zip: PALM CITY, FL 34991 US

Title: D () Delete
Name: BOSTICK, MARK
Address: P. O. DRAWER 67
City-St-Zip: AUBURNDALE, FL 33823 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MARY LOU RAJCHEL

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date