2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004689

1. Entity Name
CROSS-DISABILITY TRANSPORTATION ISSUES COMMITTEE, INC.

Principal Place of Business	Mailing Address
5555 BISCAYNE BLVD 2ND FLOOR MIAMI, FL 33137 US	5555 BISCAYNE BLVD 2ND FLOOR MIAMI, FL 33137 US

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01172004 No Chg-NP CR2E037 (10/03)

4. FEI Number
37-1434255

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARCO, M. RAY
11211 SW 102 AVE.
MIAMI, FL 33176

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCNALLY, ELIZABETH
STREET ADDRESS	1398 NE 182 ST.
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162
TITLE	VP
NAME	CHURCH, THOMAS
STREET ADDRESS	350 TOTOLOCHEE DRIVE
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	P
NAME	MCNALLY, ELIZABETH
STREET ADDRESS	1960 NE 185 TERR
CITY-ST-ZIP	N. MIAMI BCH, FL 33179
TITLE	T
NAME	GREGORY, DAMIAN
STREET ADDRESS	11342 SW 163 ST.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	MD
NAME	KIMBLE, ANN
STREET ADDRESS	1398 NE 182 ST
CITY-ST-ZIP	NO. MIAMI BCH, FL 33162
TITLE	D
NAME	LIBMAN, LAWRENCE
STREET ADDRESS	280 SIERRA DRIVE
CITY-ST-ZIP	MIAMI, FL 33179

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01/21/04-80015-003 61.25

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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: Ann Kimble ANN KIMBLE 01/17/04 (305)758-7740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #