2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N02000009848

Entity Name: FEDERATED TRUCKERS ASSOCIATION, INC.

Current Principal Place of Business:

300 S BERNER RD
SUITE A
CLEWISTON, FL 33440

New Principal Place of Business:

184 DAVIDSON ROAD
CLEWISTON, FL 33440

Current Mailing Address:

POST OFFICE BOX 2814
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 65-1171878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAPINAW, JANET E
295 TRADER ROAD
LABELLE, FL 33935 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: D ( ) Delete
Name: PAPINAW, JANET
Address: 295 TRADER ROAD
City-St-Zip: LABELLE, FL 33935

Title: D ( ) Delete
Name: WILSON, MOSES
Address: 1228 MISSISSIPPI AVENUE
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete
Name: SMALL, FREDERICK
Address: 1037 MISSISSIPPI AVE
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete
Name: WOMACK, EMMA
Address: 1048 KENTUCKY AVE
City-St-Zip: CLEWISTON, FL 33440

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JANET E. PAPINAW D 04/30/2005

Electronic Signature of Signing Officer or Director Date