# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 25, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N97000003717

1. Entity Name
TRANSPORTATION AND EXPRESSWAY AUTHORITY MEMBERSHIP OF FLORIDA (TEAMFL), INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2121 CAMDEN ROAD<br>SUITE B<br>ORLANDO, FL 32803 US | 2121 CAMDEN ROAD<br>SUITE B<br>ORLANDO, FL 32803 US |

1 92 6 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-3461164
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARTNETT, ROBERT C
2121 CAMDEN ROAD
SUITE B
ORLANDO, FL 32803

**DO NOT WRITE IN THIS SPACE**

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, 2006**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | RICH, A. WAYNE |
| STREET ADDRESS | P O BOX 1911 NTA |
| CITY-ST-ZIP | ORLANDO, FL 328 2 |
| TITLE | D |
| NAME | GIBBS, TOM |
| STREET ADDRESS | 711 N SHERRILL |
| CITY-ST-ZIP | TAMPA, FL 336 9 |
| TITLE | D |
| NAME | ELY, JAMES |
| STREET ADDRESS | PO BOX 613 69 |
| CITY-ST-ZIP | OCOEE, FL 34761 |
| TITLE | D |
| NAME | HARTNETT, ROBERT C |
| STREET ADDRESS | 2121 CAMDEN RD SUITE B |
| CITY-ST-ZIP | ORLANDO, FL 328 3 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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02/02/06-80065-010 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Robert C Hartnett 1-20-06 407-896-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert C Hartnett