

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753863

Entity Name: FTA PAC, INC.

Current Principal Place of Business:

350 E COLLEGE AVE.
TALLAHASSEE, FL 32301

Current Mailing Address:

350 E COLLEGE AVE.
TALLAHASSEE, FL 32301

FEI Number: 59-2882065

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARMSTRONG, KENNETH S. PHD
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: KENNETH S. ARMSTRONG, PH. D

03/17/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name DICKS, TERRY
Address 4458 SOUTH US HIGHWAY 441
City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR
Name WALPOLE, KEITH
Address 269 NW 9TH STREET
City-State-Zip: OKEECHOBEE FL 34973

Title SECRETARY, TREASURER
Name ARMSTRONG, KENNETH S PHD
Address 350 EAST COLLEGE AVENUE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name BOSTICK, MARK
Address 502 EAST BRIDGERS AVENUE
City-State-Zip: AUBURNDALE FL 33823

Title DIRECTOR
Name DAVIS, JIMMY
Address 5270 SE 131ST STREET
City-State-Zip: STARK FL 32091

Title DIRECTOR
Name STOHLER, R. L.
Address 5421 N. 59TH STREET
City-State-Zip: TAMPA FL 33610

Title DIRECTOR
Name ARMELLINI, DAVID
Address PO BOX 678
City-State-Zip: PALM CITY FL 34991

Title DIRECTOR
Name BACALIS, STEVE
Address 417 EDGEWOOD AVENUE S
City-State-Zip: JACKSONVILLE FL 32254

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: KENNETH S. ARMSTRONG

SECRETARY/TREASURER 03/17/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BAUGH, DICK
Address PO BOX 1449
City-State-Zip: TAVARES FL 32778-1449

Title DIRECTOR
Name ENZOR, GARY
Address 4041 PARK OAKS BOULEVARD
SUITE 200
City-State-Zip: TAMPA FL 33610-9522

Title DIRECTOR
Name HYDER, DOC
Address 41124 MESSICK ROAD
City-State-Zip: DADE CITY FL 33525

Title DIRECTOR
Name MCTYRE, JOHN
Address PO BOX 590147
City-State-Zip: ORLANDO FL 32859

Title DIRECTOR
Name OAKLEY, TOMMY
Address 101 ABC ROAD
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR
Name PERRY, SCOTT
Address 11690 NW 105 STREET
City-State-Zip: MIAMI FL 33178

Title DIRECTOR
Name ROSS, DENNY
Address 833 PICKETTVILLE ROAD
City-State-Zip: JACKSONVILLE FL 32220

Title DIRECTOR
Name SHAEFFER, JIM
Address PO BOX 1200
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name TRAVILLION, DUPLÉ
Address 942 S. SHADY GROVE ROAD
City-State-Zip: MEMPHIS TN 38120

Title DIRECTOR
Name DELBOVO, MIKE
Address 3010 SADDLE CREEK ROAD
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name FULMER, PHILIP
Address 8340 AMERICAN WAY
City-State-Zip: GROVELAND FL 34736

Title DIRECTOR
Name MARPLE, JEFF
Address 5223 16TH AVENUE S
City-State-Zip: TAMPA FL 33619

Title DIRECTOR
Name MORRIS, FRANK
Address 55 GLENLAKE PARKWAY NE
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR
Name O'LEARY, MICHAEL
Address 600 N. ELLIS ROAD
City-State-Zip: JACKSONVILLE FL 32254

Title DIRECTOR
Name PRITCHETT, PHILLIP
Address PO BOX 311
City-State-Zip: LAKE BUTLER FL 32054

Title DIRECTOR
Name SANDLIN, ROB
Address 200 W. FORSYTH STREET
7TH FLOOR
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name SILVERMAN, STEVE
Address 6800 BROADWAY AVENUE
City-State-Zip: JACKSONVILLE FL 32254-2762