

**2022 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:**

MILLER, ALIX P.  
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: ALIX P MILLER

01/24/2022

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 MILLER, ALIX P  
Address 350 EAST COLLEGE AVENUE  
City-State-Zip: TALLAHASSEE FL 32301

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

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

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

**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: ALIX P MILLER

SEC/TREASURER

01/24/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

Title DIRECTOR  
Name BOSTICK, MARK  
Address 27 MOUNTAIN LAKE  
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR  
Name CULLIGAN, TOMMY  
Address PO BOX 32024  
City-State-Zip: LAKELAND FL 33802

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

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

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

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

Title DIRECTOR  
Name MCRAE, ROB  
Address 1001 13TH AVENUE E  
City-State-Zip: BRADENTON FL 34208

Title DIRECTOR  
Name CHRISTIE, BRAD  
Address 1390 ENCLAVE PARKWAY  
City-State-Zip: HOUSTON TX 77077

Title DIRECTOR  
Name D'ANDREA, NICK  
Address 1400 N. HURSTBOURNE PKWY  
City-State-Zip: LOUISVILLE KY 40243