

**2024 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

02/23/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

**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 MILLER

**SECRETARY/TREASURER 02/23/2024  
- PRESIDENT/CEO**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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

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

Title DIRECTOR  
Name PENLAND, MATT  
Address 1414 LINDROSE STREET  
City-State-Zip: JACKSONVILLE FL 32206