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

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

2121 CAMDEN ROAD SUITE B ORLANDO, FL 32803

Current Mailing Address:

DOCUMENT# N9700003717

2121 CAMDEN ROAD SUITE B ORLANDO, FL 32803 US

FEI Number: 59-3461164

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Officer/Director Detail :

	Onicendired			
	Title	т	Title	PCEO
	Name	VEST, JIM	Name	HARTNETT, ROBERT C
	Address	4400 E. HWY 20, SUITE 403	Address	2121 CAMDEN RD SUITE B
	City-State-Zip:	NICEVILLE FL 32578	City-State-Zip:	ORLANDO FL 32803
	Title	CHAIRMAN	Title	S
	Name	MERCER, ATLEE	Name	VANDERPOL, JACKIE
	Address	ONE COURTHOUSE SQUARE	Address	3236 NO. ORANGE AVE.
	City-State-Zip:	SUITE 4700 KISSIMMEE FL 34741	City-State-Zip:	ORLANDO FL 32803
			Title	DIRECTOR
	Title	VC	Name	RICH, A. WAYNE
	Name Address	STOKES, CURTIS 1104 EAST TWIGGS STREET, SUITE	Address	390 NORTH ORANGE AVENUE SUITE 1400
	City-State-Zip:	100 TAMPA FL 33602	City-State-Zip:	ORLANDO FL 32801
			Title	DIRECTOR
	Title		Name	ELY, JIM
	Name	BAUMAN, MIKE	Address City-State-Zip:	501 E. TENNESSEE ST., SUITE C
	Address	2601 BRICKELL AVENUE		TALLAHASSEE FL 32308
	City-State-Zip:	MIAMI FL 33129		

Continues on page 2

PRESIDENT/CEO

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: ROBERT HARTNETT

Electronic Signature of Signing Officer/Director Detail

Secretary of State CC8190916666

FILED Jan 29, 2014

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	FORD, NATHANIEL SR.	Name	WALTER, KETCHAM JR.
Address	100 NORTH MYRTLE AVENUE	Address	901 N. LAKE DESTINY ROAD
City-State-Zip:	JACKSONVILLE FL 32205	City-State-Zip:	SUITE 450 MAITLAND FL 32751
Title Name Address City-State-Zip:	DIRECTOR PENDERGRASS, CECIL PO BOX 398 FORT MYERS FL 33902	Title Name Address City-State-Zip:	DIRECTOR SCACCETTI, DIANE PO BOX 313069 OCOEE FL 34761
Title Name Address City-State-Zip:	DIRECTOR SANABRIA, GONZALO 1500 SAN REMO AVENUE SUITE 110 CORAL GABLES FL 33146	Title Name Address City-State-Zip:	DIRECTOR HOWSE, RONALD 605 SUWANNEE STREET, MAIL STATION 9