

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709812 (2)
1. Corporation Name
FLORIDA PUBLIC SCHOOL BUS DRIVERS ASSOCIATION, I NC.



Principal Place of Business
**2121 JUANITA AVENUE
FT. PIERCE FL 34946-1346**

Mailing Address
**2121 JUANITA AVENUE
FT. PIERCE FL 34946-1346**

3. Date Incorporated or Qualified
10/26/1965

3a. Date of Last Report
04/12/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 <i>Same</i>		26 <i>Same</i>		50-1717939		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22 <i>Same</i>		27 <i>''</i>		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23 <i>Same</i>		28 <i>''</i>					
Zip	Country	Zip	Country				
24 <i>Same</i>	25 <i>Same</i>	29 <i>Same</i>	30 <i>Same</i>				

9. Name and Address of Current Registered Agent

**WILSON, BETTY
2121 JUANITA AVENUE
FT. PIERCE FL 34946**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MOBLEY, JEWELL H.	
STREET ADDRESS	23 TARPON AVENUE	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCNISH, ELIZABETH	
STREET ADDRESS	306 MAGNALEN WAY	
CITY-ST-ZIP	LADY LAKE, FL 32459	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILSON, BETTY	
STREET ADDRESS	2121 JUANITA AVE	
CITY-ST-ZIP	FT. PIERCE, FL 34946	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ADKINS, PAULA	
STREET ADDRESS	2573 N. STEWART STREET	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHITTEN, SYLVIA	
STREET ADDRESS	25157 CORTEZ BLVD.	
CITY-ST-ZIP	BROODSVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARY A. Brundage	
1.3 STREET ADDRESS	3540 ul. Midway Rd.	
1.4 CITY-ST-ZIP	FT. Pierce, Fla. 34981	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary A. Brundage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

407-465-2221

CR2E037 (12/95)