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Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 709812 (2)

1. Corporation Name

FLORIDA PUBLIC SCHOOL BUS DRIVERS ASSOCIATION, I  
NC.

Principal Place of Business

Mailing Address

2121 JUANITA AVENUE  
FT. PIERCE FL 34946-13462121 JUANITA AVENUE  
FT. PIERCE FL 34946-13463. Date Incorporated or Qualified  
10/26/19653a. Date of Last Report  
03/19/1996

2. Principal Place of Business

2a. Mailing Address

21 306 MAGNOLIA WAY

26 306 MAGNOLIA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 LADY LAKE FL

27 LADY LAKE FL

City &amp; State

City &amp; State

23

28

Zip 32159

Country U.S.A

Zip 32159

Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, BETTY  
2121 JUANITA AVENUE  
FT. PIERCE FL 3494681 Name JEWELL H. MOBLEY  
82 Street Address (P.O. Box Number is Not Acceptable)  
23 TARPON AVE.  
83 KEY LARGO  
84 City  
85 Zip Code FL 33037

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD  
NAME BRUNDAGE, MARY A  
STREET ADDRESS 3540 W. MIDWAY RD  
CITY-ST-ZIP FT PIERCE FL 349811.1 TITLE T/D/S  
1.2 NAME JEWELL H. MOBLEY  
1.3 STREET ADDRESS 23 TARPON AVE.  
1.4 CITY-ST-ZIP KEY LARGO FL 33037TITLE SD  
NAME MCNISH, ELIZABETH  
STREET ADDRESS 306 MAGNALEN WAY  
CITY-ST-ZIP LADY LAKE, FL 324592.1 TITLE P/D  
2.2 NAME ELIZABETH MCNISH  
2.3 STREET ADDRESS 306 MAGNOLIA WAY  
2.4 CITY-ST-ZIP LADY LAKE FL 32159TITLE PD  
NAME WILSON, BETTY  
STREET ADDRESS 2121 JUANITA AVE  
CITY-ST-ZIP FT. PIERCE, FL 349463.1 TITLE V/D  
3.2 NAME BARBARA RODRIGUEZ  
3.3 STREET ADDRESS 10211 NO 23RD ST  
3.4 CITY-ST-ZIP TAMPA FL 33612TITLE VD  
NAME ADKINS, PAULA  
STREET ADDRESS 2573 N. STEWART STREET  
CITY-ST-ZIP KISSIMMEE FL4.1 TITLE V/D  
4.2 NAME BETTY BERKOWITZ  
4.3 STREET ADDRESS 17910 SE 66 PLACE  
4.4 CITY-ST-ZIP ORLANDO FL 32179TITLE VD  
NAME WHITTEN, SYLVIA  
STREET ADDRESS 25157 CORTEZ BLVD.  
CITY-ST-ZIP BROODSVILLE FL5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Jewell H. Mobley

1-16-97

305-451-1677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070738

CR2E037 (9/96)