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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

709812

(2)

FLORIDA PUBLIC SCHOOL BUS DRIVERS ASSOCIATION, I

Principal Place of Business

Mailing Address

2121 JUANITA AVENUE FT. PIERCE FL 34946-1346 2121 JUANITA AVENUE FT. PIERCE FL 34946-1346

FILED Jan 27 1997 8:00am Secretary of State



				3. Date incorporated or Qualified 3e 10/26/1965	n. Date of Last Report 03/19/1996	
2 Principal Pl	lace of Business	2s. Mailing Address		A FEI Number	Applied For	
	MAGNIOLIA WAY		ENOLIA WAS		Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	SNOWN VOICE		CO 75 Addistract	
	24 LAKE FL	27 LADY LAK	E FL	5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zin	Country	Zip	Country	8. This corporation has liability for intan	gible ta <u>x</u> under s. 199.032,	
24 32	159 25 U.SA	29 32159	30 USA	Florida Statutes	s No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registe	ered Agent	
			81 Name	JEWELL H. HOBLEY		
Wilson, Betty 2121 Juanita Avenue			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
				23 TARPON AUE.		
ft. Pief	RCE FL 34946		83	KEYLARGO		
			84 City	NO / AIRCO	as Zip Code	
					FL 33037	
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	utes, the above-named o	corporation submits this statement for the purpo oration's board of directors. I hereby accept the	se of changing its registered	
agent. La	im familial with, and accept the obligat	tions of, Section 617.0503, F	Florida Statutes.	oration's board of directors. Thereby accept the	appointment as registered	
SIGNATURE _	Lewess S.	Moder	JEWELL	H. HOBLEY TIPIS	1-16-97	
		444			ATE	
	Signature, typed or printed name of registered agen	t and title if applicable. (NC	OTE. Registered Agent signature re			
12.	OFFICERS AND	DIRECTORS	OTE. Registered Agent signature n	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
	OFFICERS AND			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
12.	OFFICERS AND TD BRUNDAGE, MARY A	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS TIOIS JEWELL H. MOBLE	AND DIRECTORS IN 12	
12. TITLE	TD BRUNDAGE, MARY A 3540 W. MIDWAY RD	DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS TIDIS JEWELL H. MOBLE 23 TARPON AVE.	AND DIRECTORS IN 12 Change Addition	
12. TITLE NAME	OFFICERS AND TD BRUNDAGE, MARY A	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS TIOIS JEWELL H. MOBLE	SAND DIRECTORS IN 12 Change Addition 33037	
12. TITLE NAME STREET ADDRESS	TD BRUNDAGE, MARY A 3540 W. MIDWAY RD FT PIERCE FL 34981 SD	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS TIDIS JEWELL H. MOBLE 23 TARPON AVE. KEY LARGO FL	AND DIRECTORS IN 12 Change Addition Change Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND TD BRUNDAGE, MARY A 3540 W. MIDWAY RD FT PIERCE FL 34981 SD MCNISH, ELIZABETH	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS TIDIS JEWELL H. MOBLE 23 TARPON AVE. KEY LARGO FL PID ELIZABETH MENI	AND DIRECTORS IN 12 Change Addition 33037 Change Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND TD BRUNDAGE, MARY A 3540 W. MIDWAY RD FT PIERCE FL 34981 SD MCNISH, EUZABETH 306 MAGNALEN WAY	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS TIDIS JEWELL H. MOBLE 23 TARPON AVE. KEY LARGO FL	AND DIRECTORS IN 12 Change Addition 33037 Change Addition	
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4. I do hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 1.19.07(3/f), Florida Statutes. 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; the Lam 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 it changed, or on an attachment with an address.

SIGNATURE:

CHATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-97

Dautime Phone # 0070736