

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709812

FILED
May 09, 2005
Secretary of State

Entity Name: FLORIDA PUBLIC SCHOOL BUS DRIVERS ASSOCIATION, INC.

Current Principal Place of Business:

306 MAGNOLIA WAY
LADY LAKE, FL 32159 US

New Principal Place of Business:

Current Mailing Address:

306 MAGNOLIA WAY
LADY LAKE, FL 32159 US

New Mailing Address:

FEI Number: 50-1717939 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCNISH, ELIZABETH
306 MAGNOLIA WAY
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCNISH, ELIZABETH
Address: 305 MAGNOLIA WAY
City-St-Zip: LADY LAKE, FL 32459

Title: 1VPD () Delete
Name: VICKERS, SPICY
Address: 4211 AVENUE
City-St-Zip: FORT PIERCE, FL 34947

Title: SVPD () Delete
Name: KOPPENHAVEN, CAROLINE
Address: 5051 NE 143RD AVE
City-St-Zip: WILLISTON, FL 32696

Title: TD () Delete
Name: MOBLEY, JEWELL
Address: 23 TARPON AVE.
City-St-Zip: KEY LARGO, FL 33037

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Change (X) Addition
Name: SANDERS, DAISY
Address: 709 N. 20TH ST.
City-St-Zip: FT. PIERCE, FL 34957

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH MCNISH

PD

05/09/2005

Electronic Signature of Signing Officer or Director

Date