

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90204 018 ****61.25

DOCUMENT # 709812

1. Entity Name

FLORIDA PUBLIC SCHOOL BUS DRIVERS
ASSOCIATION, INC.



Principal Place of Business

306 MAGNOLIA WAY
LADY LAKE FL 32159
US

Mailing Address

306 MAGNOLIA WAY
LADY LAKE FL 32159
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

50-1717939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCNISH, ELIZABETH
306 MAGNOLIA WAY
LADY LAKE FL 32159

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Elizabeth McNish

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME MCNISH, ELIZABETH
STREET ADDRESS 305 MAGNOLIA WAY
CITY-ST-ZIP LADY LAKE FL 32459

TITLE IVPD ☐ Delete

NAME VICKERS, SPICY
STREET ADDRESS 4211 AVENUE "R"
CITY-ST-ZIP FORT PIERCE FL 34947

TITLE SVPD ☐ Delete

NAME KOPPENHAVEN, CAROLINE
STREET ADDRESS 5051 NE 143RD AVE
CITY-ST-ZIP WILLISTON FL 32696

TITLE TD ☒ Delete

NAME MOBLEY, JEWELL
STREET ADDRESS 23 TARPON AVE.
CITY-ST-ZIP KEY LARGO FL 33037

TITLE TD ☐ Delete

NAME SANDERS, DAISY
STREET ADDRESS 709 N. 20TH ST.
CITY-ST-ZIP FT. PIERCE FL 34957

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

zip 32159

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth McNish

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