

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 26, 2007 08:00 AM
Secretary of State

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**



06202007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNISH, ELIZABETH 305 MAGNOLIA WAY LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD VICKERS, SPICY 4211 AVENUE "R" FORT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD KOPPENHAVEN, CAROLINE 5051 NE 143RD AVE WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANDERS, DAISY 709 N. 20TH ST. FT. PIERCE, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/26/07-80003-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Mc Nish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 20, 2007 352-753-5854
Date Daytime Phone #