


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90130 038 ****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
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40006010



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04222008 Chg-NP CR2E037 (12/06)

4. FEI Number 50-1717939	Applied For <input type="checkbox"/> Not Applicable
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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

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 May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNISH, ELIZABETH	NAME	
STREET ADDRESS	305 MAGNOLIA WAY	STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE, FL 32159	CITY-ST-ZIP	
TITLE	1VPD <input checked="" type="checkbox"/> Delete	TITLE	LVPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKERS, SPICY	NAME	PENNY PATTERSON
STREET ADDRESS	4211 AVENUE "R"	STREET ADDRESS	1529 KELBY RD
CITY-ST-ZIP	FORT PIERCE, FL 34947	CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	SVPD <input checked="" type="checkbox"/> Delete	TITLE	SVPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPPENHAVEN, CAROLINE	NAME	JEWELL MOBLEY
STREET ADDRESS	5051 NE 143RD AVE	STREET ADDRESS	P.O. BOX 953
CITY-ST-ZIP	WILLISTON, FL 32696	CITY-ST-ZIP	Bellview, FL 34421
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, DAISY	NAME	MARCIA S.P. CAMPBELL
STREET ADDRESS	709 N. 20TH ST.	STREET ADDRESS	6408 EUGENE AVE
CITY-ST-ZIP	FT. PIERCE, FL 34957	CITY-ST-ZIP	TAMPA, FL 33619
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

Marcia P. Campbell

MARCIA J.P. CAMPBELL

4/22/08 813-318-1293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #