## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 709812** 

FILED Aug 07, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

306 MAGNOLIA WAY 1529 KELBY ROAD

LADY LAKE, FL 32159 US KISSIMMEE, FL 34744 US

Current Mailing Address: New Mailing Address:

306 MAGNOLIA WAY 1529 KELBY ROAD

LADY LAKE, FL 32159 US KISSIMMEE, FL 34744 US

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: Name and Address of New Registered Agent:

MCNISH, ELIZABETH PATTERSON, PENNY 306 MAGNOLIA WAY 1529 KELBY ROAD

LADY LAKE, FL 32159 US KISSIMMEE, FL 34744 US

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: PENNY PATTERSON 08/07/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 MCNISH, ELIZABETH
 Name:
 PATTERSON, PENNY

 Address:
 305 MAGNOLIA WAY
 Address:
 1529 KELBY ROAD

 City-St-Zip:
 LADY LAKE, FL 32159
 City-St-Zip:
 KISSIMMEE, FL 34744

Title: 1VPD ( ) Delete Title: 1VPD (X) Change ( ) Addition

 Name:
 PATTERSON, PENNY
 Name:
 DAVIS, TYRONE

 Address:
 1529 KELBY RD.
 Address:
 285 HILLTOP DRIVE

 City-St-Zip:
 KISSIMMEE, FL 34744
 City-St-Zip:
 MIDWAY, FL 32343

Title: SVPD ( ) Delete Title: SVPD (X) Change ( ) Addition

Name: MOBLEY, JEWELL Name: RIOS, LUIS

 Address:
 P.O. BOX 953
 Address:
 2421 BRAEMAR DRIVE

 City-St-Zip:
 BELLEVIEW, FL 34421
 City-St-Zip:
 KISSIMMEE, FL 34743

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 CAMPBELL, MARCIA J.P.
 Name:
 MCNISH, ELIZABETH .

 Address:
 6408 E EUGENE AVE
 Address:
 308 MAGNOLIA WAY

 City-St-Zip:
 TAMPA, FL 33619
 City-St-Zip:
 LADY LAKE, FL 32159

 $\label{eq:title:FS} \mbox{Title:} \qquad \mbox{FS} \qquad \mbox{( ) Change (X) Addition}$ 

 Name:
 Name:
 TULLIS, MAVIS

 Address:
 Address:
 2633 QUEEN COURT

 City-St-Zip:
 City-St-Zip:
 KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PENNY PATTERSON PD 08/07/2009