

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90006 040 ****61.25

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DOCUMENT # 712344 1. Entity Name FLORIDA TRANSPORTATION BUILDERS' ASSOCIATION, INC.					
Principal Place of Business 1007 E. DESOTO PARK DR., STE. 200 P.O. BOX 1208 TALLAHASSEE, FL 32301			Mailing Address 1007 E. DESOTO PARK DR., STE. 200 P.O. BOX 1208 TALLAHASSEE, FL 32301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-0551642				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BURLESON, ROBERT G 1007 E DESOTO PAR DR STE 200 P.O. BOX 1208 TALLAHASSEE, FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAHAM, BOB		NAME	Bob Graham	
STREET ADDRESS	5201 CONE RD		STREET ADDRESS	5201 Cone Rd	
CITY-ST-ZIP	TAMPA, FL 33680		CITY-ST-ZIP	Tampa, FL 33680	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BURLESON, ROBERT G		NAME	Secretary - Treasurer	
STREET ADDRESS	1007 E DESOTO PARK DR ST		STREET ADDRESS	14005 N.W. 186 St.	
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP	Hiqleah Gardens, FL 33018	
TITLE	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IPCD		NAME		
STREET ADDRESS	ELMORE, CRAIG		STREET ADDRESS		
CITY-ST-ZIP	2350 SOUTH CONGRESS AVENUE		CITY-ST-ZIP		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VP		NAME		
STREET ADDRESS	ALICE, RASMUSSEN		STREET ADDRESS		
CITY-ST-ZIP	3010 NE 45TH STREET		CITY-ST-ZIP		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STANLEY, JERRY		NAME	Vice chairman	
STREET ADDRESS	3701 LITTLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COXWELL, JOHN B		NAME	Chairman	
STREET ADDRESS	6744 CLOUD RD WEST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32254		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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:			Date: 6/30/05 Daytime Phone #: 850 942 1404		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					